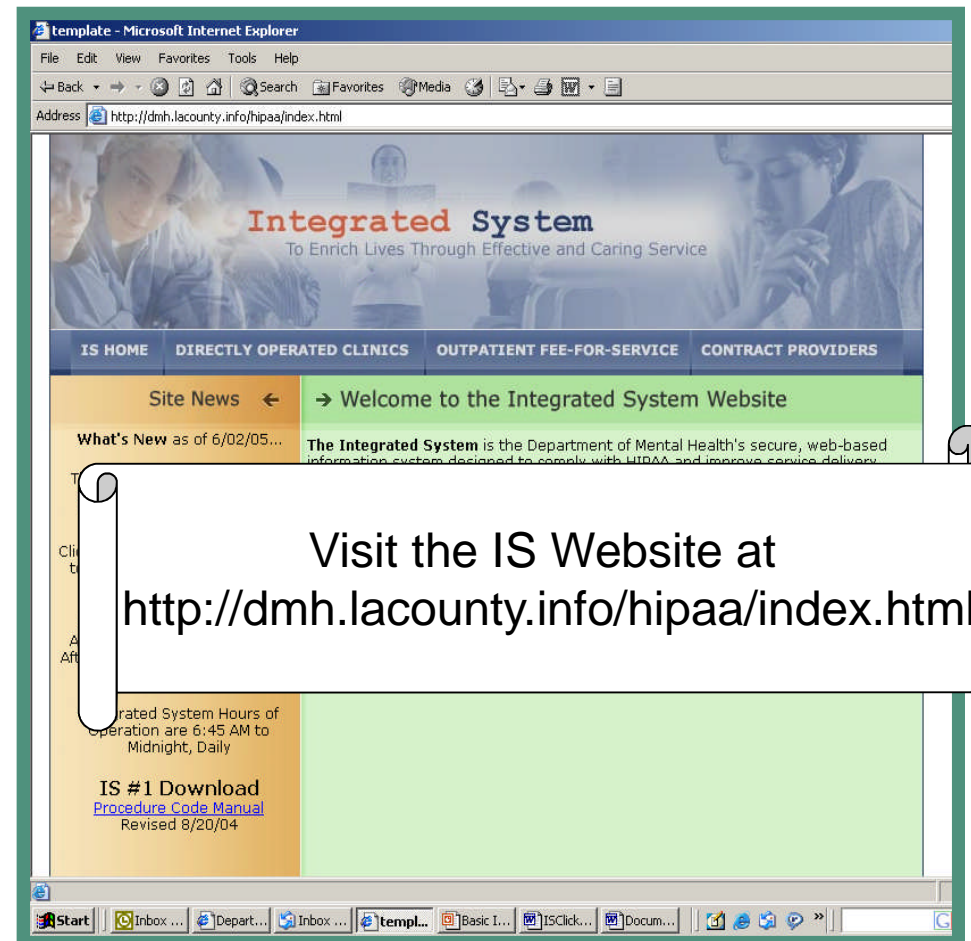


Basic Integrated System (IS) Training

Things to Keep in Mind

- All Patient Health Information (PHI), in this manual, is fictitious.
- Remember to use the help (?) icon.
- It is recommended that you understand the billing processes before using the IS.
- To return to the previous screen, always click on the Return button, under Options.
- Italicized fields must be completed.
- Dates must be entered as: 00/00/0000
- You will be logged off every 15 minutes when not using the system; you will have to click on the Home page to log back in.
- It is strongly recommended that you attend the PATS training on medications.
- You only have access to the Home and Clinical pages of the System
- MIS, IS, and DMH number are all the same.



Basic IS Training

1. Log in
2. Find a Client
3. Add a Client: Identification Screen
4. Add a Client: Contacts Screen
5. Add a Client: Financial Screen
6. Add a Client: Other Screen
7. Open an Episode: Admission Screen
8. Open an Episode: Diagnosis Screen
9. Add Services
10. Add a Claim, a Plan, Payer (s) and Detail Adjustments
11. Void and Replace a Claim
12. Add a Prescription: Rx Card Info, Drug Allergies Screens
13. Add a Prescription: Med Order and Write Rx Screens
14. Add a Prescription: Approval, Renew and Refill
15. Close an Open Episode: Discharge and Diagnosis Screens
16. Groups
17. Community Outreached Services (COS)

Use Keyboard Shortcuts!

Avoid using the Mouse.

- The Tab key will take you through every field on the screen.
- Shift-Tab will take you backwards through those fields.
- Down Arrows and characters to go through drop-down lists.
- The Space bar will check and uncheck boxes.
- The Enter key will activate buttons.

EXERCISE 1

Log In:

- As a DMH Employee:
<https://dmhisintra.co.la.ca.us>
- As a DMH Contracted Provider:
<http://dmh.lacounty.info/hippa/index.html>
- The Home Page
- How to Set Provider Context

Note:

- If you are a first time user, you will be asked to change your password.
- You will then be prompted to a privacy policy statement. Click accept to proceed.

Log In – DMH Workers

1. If you are a DMH employee, go to...

The screenshot shows a web browser window with the address `https://dmhisintra.co.la.ca.us/Home/Public/Login.aspx`. The page header includes the Los Angeles County logo and navigation links for Home, Clinical, and Administration. The main heading is "Sign In". There are two input fields: "User ID:" with the text "sazariah" and "Password:" with masked characters. Below these fields is a paragraph of terms and conditions. At the bottom right is a "Sign In" button. Four numbered callouts provide instructions: 1. Points to the address bar. 2. Points to the User ID field. 3. Points to the Password field. 4. Points to the Sign In button.

Address: `https://dmhisintra.co.la.ca.us/Home/Public/Login.aspx`

Search X
Ne >>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Adminis CIOB

Sign In

User ID:

Password:

These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse action. Unauthorized users may be subject to criminal prosecution. By continuing, you agree to these terms.

Sign In

Confidential patient information, see California Welfare and Institution Code section 5328.

2. Enter your first initial and last name

3. Enter password, dot, and your birth month and day, e.g. *password.0104*

4. Click

Log In with a SecurID Card

The screenshot shows a web browser window displaying the 'Integrated System' website. The address bar shows 'http://dmh.lacounty.info/hipaa/index.html'. The website has a header with the title 'Integrated System' and the tagline 'To Enrich Lives Through Effective and Caring Service'. Below the header is a navigation bar with links: 'IS HOME', 'DIRECTLY OPERATED CLINICS', 'OUTPATIENT FEE-FOR-SERVICE', and 'CONTRACT PROVIDERS'. The main content area is divided into two columns. The left column is titled 'Site News' and contains information about a deadline extension for May data, a help desk contact, and a download link for the 'IS #1 Download Procedure Code Manual'. The right column is titled 'Welcome to the Integrated System Website' and contains a welcome message, information about 'Special Bulletins', and instructions on how to access the system using a SecurID Card. Two callout boxes are present: one pointing to the 'CONTRACT PROVIDERS' link in the navigation bar, and another pointing to the 'Click the banner at the top of this screen to access the IS with your SecurID Card.' text in the right column.

1. If you are a DMH Contracted Provider, go to

2. Click to go to the RSA SecurID logon screen and follow procedures

The Home Screen

The screenshot shows a web browser window with the address `https://dmhisintra.co.la.ca.us/Home/Default.aspx`. The page header includes the **Los Angeles COUNTY** logo and the text **DEPARTMENT OF MENTAL HEALTH**. Navigation tabs are labeled **Home**, **Clinical**, **Administrative**, **Plan**, and **CIOB**. The main content area is titled **Home** and features a sidebar with an **Options** menu and a **Notices** section.

Options

- DMH Privacy Policy
- Find Client
- Reports
- Change Password
- Log Out

Notices

No notices found.

Callouts:

- A callout points to the **Options** menu, stating: "These options will change as you move through the IS".
- A callout points to the **Notices** section, stating: "In order to reach the maximum target population, the Department is sending IS Alerts to communicate news to its providers promptly instead of posting notices on the system. If you have not yet subscribed to receive IS Alert please go to IS Web site to subscribe."
- A callout points to a red question mark icon in the top right corner, stating: "Don't forget to use the help function when using the IS".

How to Set Provider Context

The screenshot shows a web browser window with the address `https://testdmhisintra.co.la.ca.us/ClinicalWeb/ProviderSelection.aspx`. The page header includes the Los Angeles County Department of Mental Health logo and navigation tabs for Home, Clinical, and Administrative. The main heading is "Provider Selection". Below this, there are two dropdown menus: "Billing Provider" and "Service Location". The "Billing Provider" dropdown is currently set to "1904-ANTELOPE VALLEY MHS". The "Service Location" dropdown is currently set to "1904A-ANTELOPE". At the bottom right, there is a "Submit" button. A link at the bottom left reads "Use previous Provider ID".

1. Click to get started

2. Your provider information will automatically appear here

3. Select your service location/reporting unit from the drop down list

4. Click

[Use previous Provider ID](#)

Submit

EXERCISE 2

Find a Client:

- Using Client List and Filter Clients
- Using Search by ID
- Using Search by Custom Criteria
- Result Screen

Find a Client: Using Client List and Filter Clients

The screenshot displays two pages from the Los Angeles County Department of Mental Health web application. The top page is the 'Find Client' interface, and the bottom page is the 'Client List' interface. Both pages have a navigation bar with links: Home, Clinical, Administrative, Plan, and CIOB. The 'Find Client' page has a search form with options to search by ID or custom criteria. The 'Client List' page shows a table of clients with columns for DMHID, Client Name, Phone, Primary Contact, Primary Language, UMDAP Date, and SFPR. Callouts provide instructions on how to use these features.

Find Client Interface:

- Options:** Return, Change Provider, Client CaseLoad, **Client List**, Daily Log, Manage Groups.
- Search by ID:** Type: ID:
- Search by Custom Criteria:** Last Name: , First Name: , Middle Initial: , Birth Date: Or Age: , Gender:
- Buttons:** Search, Clear

Client List Interface:

Options	DMHID	Client Name	Phone	Primary Contact	Primary Language	UMDAP Date	SFPR
Return		Tester,ExampleBill	(213) 121-1212	ARROYO-012493	01-English		i
Change Provider		Tester,ExampleBon	(213) 121-1212	COON-E494287	01-English		i
Client		Tester,ExampleJom	(213) 121-1212	ARROYO-012493	01-English		
nt Case Load		Tester,ExampleLanr	(213) 454-1212	COON-E494287	01-English		i

Filter Clients:

- Filter By:**
- For:**
- Buttons:** Search, Click

Callouts:

- Click
- Click to sort list
- Click DMH ID # to view client information
- Select the field to filter by
- Enter information
- Click

Find a Client: Using Search by ID

The screenshot shows the 'Find Client' interface of the Los Angeles County Department of Mental Health. The page has a header with the department name and navigation tabs: Home, Clinical, Administrative, Plan, and CIOB. Below the header is a breadcrumb trail: 7100-SFV CMHC CENTE:7100A-SFV CMHC and a user profile for jgarciaabagues. The main content area is titled 'Find Client' and contains a search form. On the left, there is a sidebar with a 'Client Case' section and a 'Filter Clients' section. The search form includes a 'Type' dropdown menu, an 'ID' input field, and fields for 'Last Name', 'First Name', 'Middle Initial', 'Birth Date', 'Or Age', and 'Gender'. A 'Search' button and a 'Clear' button are at the bottom right. Five numbered callouts are present: 1. Click (points to 'Find Client' in the sidebar), 2. Select (points to the 'Search by ID' radio button), 3. Select (points to the 'DMH' option in the 'Type' dropdown menu), 4. Enter the 7 digit DMH ID (points to the 'ID' input field), and 5. Click (points to the 'Search' button).

Address: <https://traindm>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Find Client

Options

☒ Search by ID.

Type: DMH ID: 0000000

☐ Search by

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age:

Gender:

Client Case

Options

Return

Change Provider

Client CaseLoad

Client List

Daily Log

Client List

Filter Clients

Filter By:

First Name

For:

Search

Search Clear

1. Click

2. Select

3. Select

4. Enter the 7 digit DMH ID

5. Click

Find a Client: Using Search by Custom Criteria

The screenshot shows a web application for the Los Angeles County Department of Mental Health. The interface includes a top navigation bar with tabs for Home, Clinical, Administrative, Plan, and CIOB. Below this is a blue header bar displaying the user's location (7100-SFV CMHC) and name (jgarciabagues). The main content area is titled "Find a Client" and features a sidebar with an "Options" menu containing links for Return, Change Provider, Client CaseLoad, Client List, Daily Log, and Manage Groups. The search section has two radio buttons: "Search by ID" and "Search by Custom Criteria" (which is selected). The "Search by Custom Criteria" section includes input fields for Last Name (TestClient), First Name (Example), Middle Initial, Birth Date (07/12/1970), and Gender (a dropdown menu with options Male, Female, and Unknown). There is also an "Or Age:" field. At the bottom right, there are "Search" and "Clear" buttons. Four numbered callouts provide instructions: 1. Select (points to the "Search by Custom Criteria" radio button), 2. Complete Information on this page (points to the search fields), 3. Enter approximate age (points to the "Or Age:" field), and 4. Click (points to the "Search" button).

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

1. Select

2. Complete Information on this page

3. Enter approximate age

4. Click

Options

- Return
- Change Provider
- Client CaseLoad
- Client List
- Daily Log
- Manage Groups

☐ Search by ID.

Type: DMH ID:

☒ Search by Custom Criteria.

Last Name: TestClient

First Name: Example

Middle Initial:


Birth Date: 07/12/1970 Or Age:

Gender:

- Male
- Female
- Unknown


Search Clear

Find a Client: Results Screen

Address  https://traindmhisintra.co.la.ca.us/ClinicalWeb/FindClientResults.aspx

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1 

Find Client Results

Options No records found meeting the criteria specified.

Return


Add Client

2. Click to add a new client

1. This message will appear if the client is new

Filter Clients

Filter By:

Name 

For:

Search

EXERCISE 3

Add a Client: Identification Screen

- Enter Client Information

Note:

- You must first do a Client Search, before adding a new client.
- The system will bring-up the option to add a client only if a client does not exist.

Add a Client: Information

DMHISP | Clinical | Client | Identification - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

Address <https://traindmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx> Go Links

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTELOPE jflynn

Client Information

Options Identification Contacts Financial Other Groups XRef MCal Benefits

Return

Identification

Name Last: First: Middle:

AKA Last: First: Middle:

SSN: MM Name: LOC:

Gender: DOB: Age: 0

Primary Lang: Pref Lang:

Marital Status: Education:

Ethnicity: APR:

Origin: Tribe:

Employment:

Handicap:

Living Arrngmnt:

Conservatorship: Veteran:

Date Of Death: English Speaking: ☐

Cancel Continue

If SSN is unknown, enter 999999999

Agency of Primary Responsibility (APR) is required if client is less than 18 years old

Confidential patient information, see California Welfare and Institution Code section 5328.

Add a Client: Ethnicity

DMHISP | Clinical | Client | Identification - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address

Los Angeles DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY;1904A-ANTELOPE jflynn

ion ?

Change Provider
Find Client
Daily Log
View Episodes
Check Eligibility
Enroll Client
Eligibility History

SSN: MM Name: LOC: Age: 0

Gender: Primary Lang: Pref Lang: Education: APR: Tribe:

Marital Status: Employment: Handicap: Living Arrngmnt: Conservatorship: Date Of Death: English Speaking: ☐

Cancel Continue

Confidential patient information, see California Welfare and Institution Code section 5328.

If Ethnicity is 03-Hispanic, you must select the Origin

If Ethnicity is 04-American Native, you must indicate the Tribe

Click

EXERCISE 4

Add a Client: Contacts Screen

- Enter Client's Contact Information
- Enter Client's Other Contact (s) Information
- Edit Client's Other Contact (s) information

Add a Client: Contact Information

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KE

Client Information

Client: T

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client

Identification **Contacts** Financial Other Groups

ClientAddress

Transient/Homeless ☐ Time Homeless:

Address 1: 1940 Example Street Address 2:

City: Mohave County: State: AR Zip: 91275 -- 2924

Phone: (h) (w)

Address Memo:

Other Contacts

	Name	Address	Phone	Email
1				

Click to add other contacts.

Address is required if the client is not homeless.

ZIP now allows for 9-digits

If the **ZIP Code** is **NOT** 5 digits or numeric the following edit message will be displayed.

Click

Cancel Continue

Windows Internet Explorer - Invalid Zip Code

OK

Add Client: Other Contact (s) Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues X

Contact Information

Client: TestClient , Example (not enrolled) ?

Options

Return

Last Name: TestContact First: FakeContact Middle:

Contact Type: Family

Address 1: 1212 Example Place

Address 2: Apt. 12

City: Los Angeles

State: CA

Zip:

Phone (Home): (213) 213-1212

Phone (Work):

Email:

DMH Id:

☐ Do not contact

Select if contact person should NOT be contacted

Enter ID if client's children enrolled in Full Service Partnership (FSP)

Click

Save Cancel

Add a Client: Edit Other Contact Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home | **Clinical** | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE | jgarciabagues

Client Information

Client: Test , Example

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification | **Contacts** | Financial | Other | Groups | XRef | MCal Benefits

ClientAddress

Transient/Homeless ☐ Time Homeless:

Address 1: 1930 Example Steet Address 2:

City: Mohave County: State: AR Zip: 91275 -- 2924

Phone: (h) (w)

Address Memo:

Other Contacts

Name	Type
Example, Contact	Family

Click to edit.

"I" shows the contact info.

The trash can deletes Information.

Click

Cancel Continue

EXERCISE 5

Add a Client: Financial Screen

- Enter Client's Financial Information
- Enter Client's Benefit Type
- Enter Client's Benefit Information

Add a Client: Financial Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues X

Client Information

Client: TestClient , Example (not enrolled) ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups** **XRef** **MCal Benefits**

UMDAP Date: 02/08/2008

Service Location:

Family Income (\$): 300.00

Source of Income: SSI

of Dependents: 1

Annual Liability (\$): 0.00

Client Reported Benefits

Type	Description	ID Number
+		

Click to add Medi-Cal or Other benefits

This field is for client's initial or annual UMDAP date

Cancel Continue

Add a Client: Benefit Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Benefit Information

Client: TestClient , Example (not enrolled) ?

Options

[Return](#)

Type:

Description:

HMO/PHP:

ID Number:

Select benefit type

- Champus
- Client/Family
- HMO/PHP
- Insurance/Third Party
- Medicare
- Other County
- SD/Medi-cal

Cancel Save

Add a Client: Benefit Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Benefit Information

Client: TestClient , Example (not enrolled)

Options

[Return](#)

Type: SD/Medi-cal

Description:

HMO/PHP:

CIN: 00000000A

Card Issue Date: 1/1/2006

For Medi-Cal Beneficiaries, the CIN (eight digit number followed by an alphabet), and card issue date are required

Click

Cancel Save

EXERCISE 6

Add a Client: Other Screen

- Set the Single Fixed Point of Responsibility (SFPR) or Special Program
- Save the Client Information
- Enroll Client
- Check Eligibility

Add a Client: Other Screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciaabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Other** Groups XRef MCal Benefits

SFPR

☒ Provider

☐ Special Program

Birth Information

Last Name:

County:

Mother's First Name:

Like Clients

Client ID	Client
1	

Click to set the client's SFPR

Click to select a rendering provider name

ADAMS, CASSANDRA-[SFV9368]
AJILORE, OLUSOLA-[SFV4834]-[07/31/2007]
ALI, FARHANA-[SFV4755]
AMES, MICHAEL-[0008022]
ANDERSON, KAREN-[SFV8420]
ANGEL, DONNA-[SFV5042]
ANGLIN, RHONDA-[SFV412]
APPLEBERY, PATRICIA-[SFV3042]
BABAYAN, OFELIA-[SFV4337]
BASSIOUN, AN-[SFV4169]

Save Cancel

Add a Client: Other Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical

Client: Tester, ExampleBonny

Client Information

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Other** Groups XRef MCal Bene

SFPR 1904-ANTELOPE V

☐ Provider

☒ Special Program

Birth Information

Last Name:

County:

Mother's First Name:

Like Clients

Client ID	Client
1	

AB34
ACT
FCCS
Foster Care
FSP-Adult
FSP-Child
FSP-Older Adult
FSP-TAY
Wellness Center

Click for the Special Program

Click to select the Special Program name

Save Cancel

Add a Client: Other Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Client Information

Client: TestClient , Example (not enrolled) ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups** **X**

SFPR

☒ Provider ADAMS, CASSANDRA-[SFV9368]

☐ Special Program

Birth Information

Last Name: First: Middle:

County: LOS ANGELES State: CA Country: United States

Mother's First Name:

Like Clients

Client ID	Client Name
1	

3. Click to enroll client and get a DMH ID #

4. Or click 'Save' to enroll later

1. If Country is United States, you must select a state

2. If State is CA, you must select a county

Save Cancel

Enroll a Client

The screenshot shows the 'Client Information' page for a client named 'Testing'. The page has a navigation bar with 'Home', 'Clinical', 'Administrative', 'Plan', and 'CIOB' tabs. The 'Clinical' tab is selected. The page title is '1904-ANTELOPE V:1904A-ANTEI' and the user is 'jgarciaabagues'. The 'Client Information' section has tabs for 'Identification', 'Contacts', 'Financial', 'Other', and 'Groups'. The 'Identification' tab is active, showing fields for 'SFPR', 'Birth Info', 'Last Name', 'County', 'Mother's First Name', and 'Like Client:'. A 'Client ID' field is visible with the value '1'. A 'Save' button is at the bottom right. A pop-up window from 'Microsoft Internet Explorer' displays a yellow warning icon and the message: 'Client was successfully enrolled. DMHID'. A callout box points to the 'DMHID' field with the text: 'Once client is enrolled, his /her DMH ID Number appears here'.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEI jgarciaabagues

Client Information

Client: Testing

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification Contacts Financial Other Groups

SFPR

☒ Provider

Birth Info

Last Name

County

Mother's First Name

Like Client:

Client ID

1

SSN

Save Cancel

Microsoft Internet Explorer

Client was successfully enrolled. DMHID

OK

Once client is enrolled, his /her DMH ID Number appears here

Check Eligibility

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Check Eligibility

Identification **Contacts** **Financial** **Other** **Groups** **XRef** **MCaI Benefits**

Name Last: TestClient First: Example Middle:

AKA Last: First: Middle:

LOC:

Age: 37

01-English

01-Single Education: 12-Twelfth Grade

Ethnicity: 01-White

Origin: Tribe:

Employment: FC-Full time competitive employment (salaried)

Handicap: 00-Not physically disabled/no significant disability

Living Arrngmnt: 01-Lives alone in house or apartment

Conservatorship: Veteran: No

Date Of Death: English Speaking: ☒

Cancel Continue

This is for Medi-Cal only – Click to check the client's eligibility

Check Eligibility

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues X

Check Eligibility

Client: TestClient , Example () ?

Options

- Return
- Client Info
- Eligibility History

DMH ID:

Gender:

First Name:

Date of Birth:

Middle Name:

Service Date:

Last Name:

Card Issue Date:

Layer:

Client CIN:

Provider PIN:

1. Enter your Medi-Cal PIN Number

2. Enter a service date

3. Or click to search eligibility history

Click

Check Eligibility

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB


7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Eligibility - Overview

Client: TestClient , Example

Options

Return

Payer	Client Payer ID	Service Date	Submit Date	Status	Provider ID
MEDI-CAL	000000000A	2/8/2008	2008-02-26 13:14:28		7100

1

The green check mark means the client is Medi-Cal eligible, otherwise you will see a red X

Click to see more details

Eligibility

Remember: Eligibility Checks
are all about Medi-Cal

HEALTH Home Clinical Administrative Plan CIOB
1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Eligibility - Benefit Summary Client: ?

Options
Return

Client Payer ID: Service Date:
Submit Date:

Benefit Cd	Coverage Lvl	Srv Type	Ins Type	Plan Desc	Time Qual	Benefit Amt	Benefit %	Quantity Qual	Benefit Qty	Auth Code
1 Active Coverage		30 Health Benefit Plan Coverage	MC Medicaid							
L Primary Care Provider										
1 2 3										

You can drill down into the Medi-Cal benefit information

Eligibility History

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Eligibility - Benefit Summary Client: ?

Options

Return

Client Payer ID: Service Date:

Submit Date:

Benefit Cd	Coverage Lvl	Srv Type	Ins Type	Plan Desc	Time Qual	Benefit Amt	Benefit %	Quantity Qual	Benefit Qty	Auth Code
1 Active Coverage		30 Health Benefit Plan Coverage	MC Medicaid							
L Primary Care Provider										
1 2 3										

All this data (and there's a lot of it!) is what the State returns in an Eligibility Check

EXERCISE 7

Open an Episode:

- Complete Outpatient Admission Screen
- Complete Inpatient/Residential Admission Screen

Open an Outpatient Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example () ?

Options	Identification	Contacts	Financial	Other	Groups	XRef	MCal Benefits
Return	Name Last: TestClient			First: Example		Middle:	
Change Provider	AKA Last:			First:		Middle:	
Find Client	IM Name:			DOB: 07/12/1970		LOC:	
Daily Log	Primary Lang: 01-English			Pref Lang: 01-English		Age: 37	
View Episodes	Marital Status: 01-Single			Education: 12-Twelfth Grade			
Check Eligibility	Ethnicity: 01-White			Origin:		Tribe:	
Enroll Client	Employment: FC-Full time competitive employment (salaried)						
Eligibility History	Handicap: 00-Not physically disabled/no significant disability						
	Living Arrngmnt: 01-Lives alone in house or apartment						
	Conservatorship:					Veteran: No	
	Date Of Death:			English Speaking: <input checked="" type="checkbox"/>			

Click to view a client's episode

Cancel Continue

Open an Outpatient Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open **Closed**

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			D
1								

Click to open an episode

Note: There are no episodes for this client.
(This client is new)

Open an Outpatient Episode: Admission Screen

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

jgarciabagues

Open Outpatient Episode

Client: TestClient , Example (

?

Options

Return

Admission

Diagnosis

Admit Date: 02/08/2008

Physical Disability? No

Intent Of Service: Assessment Services

Developmentally Disabled? No

Referral In Code: Outpatient - County Contracted

Referral In Rpt Unit:

Dual Diagnosis?

Primary Problem Area: Mentally ill

Legal Status: VOLUNTARY admission of MD. (W & I)

Treatment Authorization for Minor:

Patient File #: 123

Primary Contact: ADAMS, CASSANDRA-[SFV9368]

CCCP Due Date :

Continue

Referral In Code:
To identify the agency or person who referred the client to your agency.

Referral In Rpt Unit:
When the agency that referred the client has a reporting unit number. This field is optional.

Click to search Rpt Unit by provider type & name (See next page.)

Primary Contact:
Click to select the client's primary clinician

Open an Outpatient Episode: Admission Screen, Search Rpt Unit

The screenshot shows a web browser window titled "Provider Lookup - Microsoft Internet Explorer". The page header includes the "Los Angeles COUNTY" logo and the text "DEPARTMENT OF MENTAL HEALTH". Below this is a blue bar with the title "Provider Lookup".

The form contains the following fields and controls:

- Legal Entity:** A checkbox with the text "(Check box if applies)".
- Entity Type:** Two radio buttons labeled "Individual" and "Organization". The "Organization" button is selected.
- Organization Type:** A dropdown menu currently displaying "LP CONTRACT". A callout box with the text "Click to select" points to the dropdown arrow.
- Organization/Last Name:** A text input field containing the text "ENKI". A callout box with the text "Enter provider name or Rpt Unit number" points to this field.
- First Name:** An empty text input field.
- Middle Name:** An empty text input field.
- Reporting Unit:** An empty text input field.
- Provider Id:** An empty text input field.
- Search:** A button located at the bottom right of the form. A callout box with the text "Click" points to this button.

The browser's status bar at the bottom shows "Done", a lock icon, and "Internet".

Open an Outpatient Episode: Admission Screen Search Rpt Unit (Cont.)

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Outpatient Epi <https://testdmhisintra.co.la.ca.us> - Provider Loo...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Provider Lookup

ID	Provider	Org Type	PTP	BP	SL	RP
2305	7360S-ENKI/MARGARITA	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4297	7173V-ENKI/LAPUENTE	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4701	7253A-ENKI/COMMERCE	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4704	7253D-ENKI/COMMERCE	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4707	7254A-ENKI/BELL GARD	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4713	7255A-ENKI/PICO UNIO	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4739	7258A-ENKI Y&F/COVIN	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4742	7258D-ENKI Y&F/COVIN	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4745	7258M-ENKI Y&F/	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5077	7360A-ENKI/MARGARITA	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1 2

Return

Find Client
Client Info
Check Eligibility
Medications
PDF Forms
Close Episode
View Episodes

Click to select

Internet

Open an Outpatient Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Open Outpatient Episode

Client: TestClient , Example (?

Options

Return

Admission **Diagnosis**

Admit Date: 02/08/2008 Physical Disability? No

Intent Of Service: Assessment Services Developmentally Disabled? No

Referral In Code: Outpatient - County Contracted

Referral In Rpt Unit: 4297 7173VENKILAPUENTE

Dual Diagnosis?

Primary Problem Area: Mentally ill

Legal Status: VOLUNTARY admission of MD. (W & I)

Treatment Authorization for Minor:

Patient File #: 123

Primary Contact: ADAMS, CASSANDRA-[SFV9368]

CCCP Due Date :

Click Continue

The provider's information is automatically added from the Search Rpt Unit screen

Open an Inpatient/Residential Episode: Admission Screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Open Inpatient Episode

Client: ?

Options

Return

Admission **Diagnosis**

Admit Date: 03/21/2012 Procedure Code: 0100-Psych Hosp, 21 or under

Referral In Code: Outpatient - County Contracted

Referral Provider: 4297 7173VENKILAPUENTE

Intent Of Service: Assessment Services

Primary Problem Area: Mentally ill

Ward: child ward Patient File #:

Point Of Origin: 1-Non-Health Care Facility Point of Origin

Legal Status: Unknown

Treatment Authorization For Minor:

Phys Disabled? No Dev Disabled? No

Dual Diagnosis? 30uAL - Alcohol

Primary Contact: ADAMS, KAREN-[KCM2110]

Continue

Select the correct procedure code for the Inpatient facility.

Open an Inpatient/Residential Episode: Admission Screen cont.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

7080-KE

Administrative Plan CIOB

jgarciabagues

Open Inpatient Episode

Options

Return

Admission

Diagnosis

Admit Date: 3/21/20

Referral In Code: Outpatient - County Contracted

Referral In Provider: 4297 7173V-ENKI/LAPUEN

Intent Of Service: Assessment Services

Primary Problem Area: Mentally ill

Ward: child ward Patient File

Point Of Origin: 1-Non-Health Care Facility Point of Origin

Legal Status: 1-Non-Health Care Facility Point of Origin

Consent Authorization: 1-Non-Health Care Facility Point of Origin

Minor: 2-Clinic or Physician's Office

Phys Disabled?: 4-Transfer from a Hospital

Dual Diagnosis?: 5-Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care

Primary Contact: 6-Transfer from another Health Care Facility

7-Transfer from a Residential Treatment Center

8-Court/Law Enforcement

9-Information not Available

D-Transfer from one district unit of the hospital to another district

E-Transfer from Ambulatory Surgery Center

F-Transfer from Hospice and is Under a Hospice plan of care or en

Hosp, 21 or under

Windows Internet Explorer

! - Point Of Origin is required.

OK

This field is new for Inpatient, **Point of Origin** and it's a required field. See the drop down for the options.

If **Point of Origin** for Admission is **NOT** selected for the episode this edit message displays.

Open an Inpatient/Residential Episode: Admission Screen cont.

Here in this example you see how you would fill out this screen, some of these fields are the same as an Outpatient Episode. Based on your Open Inpatient form, select the appropriate data for your Inpatient facility.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciaabagues X

Open Inpatient Episode

Client: Test

Admission **Diagnosis**

Admit Date: 3/21/2012 Procedure Code: 0100-Psych Hosp, 21 or under

Referral In Code: Outpatient - County Contracted

Referral In Provider: 4297 7173V-ENKI/LAPUENTE

Intent Of Service: Assessment Services

Primary Problem Area: Mentally ill

Ward: child ward Patient File #:

Point Of Origin: 1-Non-Health Care Facility Point of Origin

Legal Status: Unknown

Treatment Authorization For Minor:

Phys Disabled? No Dev Disabled? No

Dual Diagnosis? 30uAL - Alcohol

Primary Contact: ADAMS, KAREN-[KCM2110]

Continue

Click

EXERCISE 8

Open an Episode:

- Complete the Diagnosis Screen-Outpatient
- Complete the Diagnosis Screen-Inpatient/Residential

Open an Outpatient Episode: Diagnosis Screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Open Outpatient Episode

Client: TestClient , Example

Admission **Diagnosis**

Dx Date: 02/08/2008

Click to view or add notes

This drop down lists the Axis I Diagnosis codes.

Click to find a Diagnosis code that is not on the list.

Click

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
295.30 - Schizophrenia, Paranoid			<input type="checkbox"/> 1. Primary Support Group	GAF
			<input type="checkbox"/> 2. Social Environment	20
			<input type="checkbox"/> 3. Educational	
			<input type="checkbox"/> 4. Occupational	Primary:
			<input type="checkbox"/> 5. Housing	295.30
			<input type="checkbox"/> 6. Economic	Secondary:
			<input type="checkbox"/> 7. Access to Health Care	
			<input type="checkbox"/> 8. Interaction w/ Legal System	
			<input type="checkbox"/> 9. Other	
			<input type="checkbox"/> 10. Inadequate Information	

Cancel Save

Open an Inpatient/Residential Episode: Diagnosis Screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Open Inpatient Episode

Client: Test

Options Admission **Diagnosis**

Dx Date: 03/21/2012

Click to view or add notes

This drop down lists the Axis I Diagnosis codes.

Click to find a diagnosis code that is not on the list.

Click

Save

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
295.30 - Schizophrenia, Paranoid			<input checked="" type="checkbox"/> 1. Primary Support Group	GAF
			<input type="checkbox"/> 2. Social Environment	60
			<input type="checkbox"/> 3. Educational	
			<input type="checkbox"/> 4. Occupational	Primary:
			<input type="checkbox"/> 5. Housing	295.30
			<input type="checkbox"/> 6. Economic	Secondary:
			<input type="checkbox"/> 7. Access to Health Care	301.50
			<input type="checkbox"/> 8. Interaction w/ Legal System	
			<input type="checkbox"/> 9. Other Psychosocial Environment	
			<input checked="" type="checkbox"/> 10. Inadequate Information	

Confidential patient information, see California Welfare and Institution Code section 5328.

EXERCISE 9

Add Services for Outpatient and Inpatient/Residential

Notes on Evidence Based Practice

Add Services/Outpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			
7100A001	O	2/8/2008	295.30	ADAMS-SFV9368		0	0	

1

Click

To add a service, find the client and the Episode.

Add Services/Outpatient

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Client Episodes

Client: Example, Client () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			D
1904A004	O	7/8/2009	296.54 i	CORTES-E451251 i	6/16/2010	17	1	

1

The service date of last successfully **submitted claim** is displayed here. Last successfully **submitted claim** is based on submit date and NOT on service date.

Confidential patient information, see California Welfare and Institution Code section 5328.

Add Services/Outpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Outpatient Episode

Client: TestClient, Example() ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Search Service Date

From Date

To Date

Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
+										
1										

Click to begin entering a service

Add Services/Outpatient

Note: When RP's have a termination date, only dates of service for that date or prior can be billed.

The screenshot shows a software interface for adding outpatient services. At the top, there are tabs for 'Home', 'Clinical', 'Administrative', 'Plan', and 'CIOB'. Below these, a client name '4A-ANTELOPE' is displayed. The main section is titled 'Outpatient Services' and contains a list of service options on the left and a list of providers on the right. A callout points to the provider list with the text 'Click to select'. Another callout points to the 'Txnmy:' dropdown with the text 'Click to select RP's Taxonomy'. The provider list includes names and IDs, such as 'CORTES, DAVID-[E451251]' and 'CRIMIN, SUSAN-[E459963]'. The service options list includes 'Return', 'Check Eligibility', and 'Claim'. At the bottom, there are buttons for 'Claim', 'Save', and 'Cancel'. A footer bar at the bottom contains the text 'Confidential patient information' and 'Section 5328'.

Options

- Return
- Check Eligibility
- Claim

Providers

- RP: CORTES, DAVID-[E451251]
- Proc: CORTES, DAVID-[E451251]
- Place: CRIMIN, SUSAN-[E459963]-[01/31/2011]
- Face: DHAWAN, KAMAL-[E547780]
- Other: DILSAVER, STEVEN-[LSD9395]-[01/31/2011]
- Teleph: DURZO, NORA-[IND0121]
- Other: ELAM, SUZHANNA-[LSE2594]
- Teleph: Ellis, Rashunda-[E532981]
- Other: FOGARTY, MATHEW-[LMF9430]
- Teleph: FRASER, CLIFFORD-[0447149]
- Other: GRAY, GENE-[E279426]
- Teleph: GREEN, VIRGINIA-[IVG0791]-[01/31/2011]
- Other: GREENE, DENISE-[LDG5612]-[01/31/2011]
- Teleph: GUERTIN, MABEL ANN-[0470797]
- Other: HELM, ELIZABETH-[0507414]-[02/01/2011]
- Teleph: HOOPER, BRETT-[E541111]
- Other: HUSSIEN BAKR, MOHAMED-[E550521]
- Teleph: INAN, ZABRIN-[LZI0307]-[01/31/2011]
- Other: ISIGUZO, CHINEK PEREM-[0494456]
- Teleph: JONES, MAKESHA-[E520695]
- Other: JONES, MARTIN-[E486940]
- Teleph: KARAMAT, SARAH-[E522350]
- Other: KLEIN, BETH-[LBK4906]-[01/31/2011]
- Teleph: KRUEGER, HAROLD-[0214929]
- Other: LEE, HEE SEUNG-[E544738]
- Teleph: MENDOZA, RICARDO-[0223100]
- Other: MERIDETH, TONI-[E545178]
- Teleph: MOZAFARINEZHAD, MARYAM-[E543632]
- Other: NAGATANI, ETSUKO-[E542083]
- Teleph: OGBECHIE, LAWRENCE-[LLO6662]-[08/04/2011]
- Other: OWENS, WILLIAM-[E513484]

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

Hours **Minutes**

Claim **Save** **Cancel**

Confidential patient information

Section 5328.

Add Service/Outpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Outpatient Service

Client: Test, Example()

Options

- Return
- Check Eligibility
- Claim

RP: CORTES, DAVID-[E451251] Txnmy: [] DOS: 08/01/2011

Rendering Provider Taxonomy -- Webpage Dialog

https://testdmhisintra.co.la.ca.us/ClinicalWeb/PopupRenderingPro Identified by VeriSign

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Rendering Provider - Taxonomy

- 225400000X -- Rehabilitation Practitioner
- 225400000X -- Rehabilitation Practitioner

Ok Cancel

Click ok

Make sure you select the RP's appropriate Taxonomy for the service.

Confidential patient information

https://testdmhisintra.co.la.ca.us/ClinicalWeb/PopupRenderingI Internet SSL

Add Services/Outpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Service

Client: Test, ExampleClientV

Options

- Return
- Check Eligibility
- Claim

RP: Txnmy: ☐ DOS:

Procedure Code:

Place Of service:

Face To Face Time: Hrs Minutes

Other Time: Hrs Minutes

Telephone ☐ Col: Patient Signature ☐ Provider Signature ☐

Not Available ☐ On File ☐

Additional Participating Staff

Total Time for this Staff: Hrs Minutes

Total Time in Minutes:

Evidence Base

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

You may Select up to 3 options.

Add Services/Outpatient

Evidence Based Practice:

00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther

The system may allow you to select up to 3 options

Select multiple objects next to each other by holding down the **SHIFT** key while you click

Or use the **CONTROL** key while you click to select items that are **NOT** next to each other

Evidence Based Practice:

2F-DTQI-Dep Treat QI
2J-Group CBT Maj Dep
2L-Incredible Years
2M-IPT Depression
2P-Multidim Fam Ther
2R-PCIT

Add Services-Outpatient

■ What is Evidence-Based Practice/Service Strategies/PEI Services?

They are techniques that use research results, reasoning, and best practices to inform the improvement of Mental Health Care. DMH is now using the IS to track the use of these techniques. These are some examples: Multisystemic Therapy, Functional Family Therapy, Brief Strategic Family Therapy, Functional Family Therapy, Peer and/or Family Delivered Services, Family Support

Add a Service/Outpatient

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Service

Client: Test, Example Client V

Options RP: Txnmy: DOS:

Return Procedure Code:

Time: 0 Hrs 0 Minutes

0 Hrs 0 Minutes

Patient Signature Not Available ☐ Provider Signature On File ☐

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

Participating Staff

Total Time for this Staff: 0 Hrs 0 Minutes

Add >>

Total Time in Minutes: 0

Name	Hours	Minutes
1		

Claim Save Cancel

New field that allows user to indicate **IF** the **Patient Signature** was **Not available** when the service was provided.

Add a Service/Outpatient

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Service

Client: Test, Example Client

Options

- Return
- Check Eligibility
- Claim

Required check box indicating that the **Provider Signature** is **on file**.

Hrs Minutes

Patient Signature ☐ Provider Signature ☐

Not Available ☐ On File ☐

Telephone ☐ Col:

Additional Participating Staff

Total Time for this Staff: Hrs Minutes

Add >>

Total Time in Minutes:

ACT
MST
P FFT
f Strat FamTher
PP Chld-Prnt Ther

Edit message will display if check box for **Provider Signature on file** is **NOT** checked.

Windows Internet Explorer

! - Provider Signature On File is required.

OK

Claim Save Cancel

Add a Service/Outpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Service

Client: Test, ExampleClientV

Options

- Return
- Check Eligibility
- Claim

RP: Txnmy: ☐ DOS:

Procedure Code:

Place Of service:

Face To Face Time: Hrs Minutes

Other Time: Hrs Minutes

Telephone ☐ Col: Patient Signature ☐ Provider Signature ☐

Not Available ☐ On File ☐

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

Additional Participating Staff

Total Time for this Staff: Hrs Minutes

Total Time in Minutes:

When done with service, click claim to proceed to the Claim Screen.

Or click Save to save the service.

Add Services/Outpatient

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home
Clinical
Administrative
Plan
CIOB

1904-ANTELOPE V:1904A-ANTEI
jgarciabagues

Outpatient Episode
Client

Options

Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search

Services
Void Services
Diagnosis
Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	10/20/2008	11	105	1	90801	ARROYO-0124939				
	07/23/2008	11	25	1	M0064	WONG-0504140	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	04/15/2008			1	M0064	WONG-0504140	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1

If you saved the service without claiming, click to go back and claim.

Add Service/Inpatient/Residential

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Client Episodes

Client: Test

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open **Closed**

Episode	I/O	Admit Date	Code	Primary Contact	Last Claim	<input type="checkbox"/>	<input type="checkbox"/>	D
70801002	I	3/21/2012	295.30 <input type="checkbox"/>	ADAMS-KCM2110 <input type="checkbox"/>		0	0	<input type="checkbox"/>

1

Click

To add a service, find the client and the Episode.

Add Service/Inpatient/Residential

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home **Clinical** Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues [X]

Inpatient Episode

Client: Test_ ?

Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes

Search Service Date
Begin Date From

Begin Date To

Services Void Services Diagnosis Admission

	Begin Date	End Date	Procedure	# Of Days	M	S	C	D
+								
1								

Click to begin entering a service

Add Service/Inpatient/Residential

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Add Inpatient Service

Client: Test

RP: Txnmy:

Procedure Code:

Start Date: End Date:

Facility Type Code:

Authorization:

Type of Admission:

Patient Status Code:

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

Provider Signature On File ☐

Claim Save Cancel

Fill in the Inpatient fields based on your Inpatient form. I will be going over the new HIPAA 5010 fields for Inpatient Service.

Add Service/Inpatient/Residential

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Inpatient Service

Client: Test , ExampleClientV

RP: AGUILAR, DOLORES-[KCMH586] Txnmy:

Procedure Code: 0100-Psych Hosp, 21 or under

Start Date: 12/1/2011 End Date: 12/31/2011

Facility Type Code: 11-Hospital Inpatient (Including)

Authorization: 11-Hospital Inpatient (Including)

Type of Admission: 12-Hospital Inpatient (Medicare P)

Patient Status Code: 18-Hospital - Swing Beds

Evidence Based Practice: 21-Skilled Nursing Inpatient (Incl)

22-Skilled Nursing Inpatient (Med)

28-Skilled Nursing - Swing Beds

41-Religious Non-Medical Health

65-Intermediate Care - Level I

66-Intermediate Care - Level II

86-Residential Facility

89-Special Facility - Other

Field was "Place of Service", now it's the **Facility Type Code**.

Edit message will display if you do **NOT** select a **Facility Type Code**.

Windows Internet Explorer

- Facility Type Code is required

OK

Add a Service/Inpatient/Residential

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciaabagues

Add Inpatient Service

Client: Test

Options

Return

RP: AGUILAR, DOLORES-[KCMH586] Txnmy: [icon]

Procedure Code: 0100-Psych Hosp, 21 or under

Start Date: 12/01/2011 End Date: 12/31/2011

Facility Type Code: 11-Hospital Inpatient (Includi

Authorization:

Type of Admission:

Patient Status Code:

Evidence Based Practice:

- 1-Emergency
- 2-Urgent
- 3-Elective
- 9-Information not Available
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

Type of Admission was the *Necessity* field on the Admission screen, HIPAA 5010 requires this field on every Inpatient service.

Edit message will display if you do **NOT** select a **Type of Admission**.

Windows Internet Explorer

- Type Of Admission is required

OK

Add a Service/Inpatient/Residential

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Inpatient Service

Client: Test , ExampleClientV

Options

Return

RP: AGUILAR, DOLORES-[KCMH586] Txnmy: [icon]

Procedure Code: 0100-Psych Hosp, 21 or under

Start Date: 12/1/2011

Facility Type Code: 11-Hospital Inpatient (Including)

Authorization: [text box]

Type of Admission: 1-Emergency

Patient Status Code: [dropdown menu]

Evidence Based Practice: [text box]

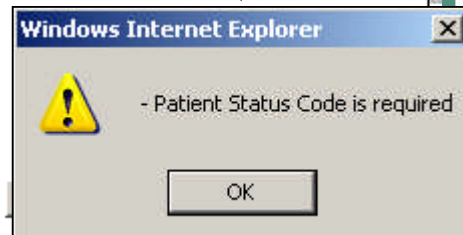
01-Discharge to Home or Self Care
02-Discharged/Transferred to General Hospital
04-Discharged/transferred to intermediate care facility
07-Left Against Medical Advice or
20-Expired
21-Discharged/transferred to Community
30-Still Patient
43-Discharged/transferred to a Facility
50-Hospice - Home
51-Hospice - Medical Facility (Certified)
65-Discharged/transferred to a Facility
70-Discharged/transferred to another facility

Provider Signature On File ☐

Confidential patient information, see California Welfare and Institution Code section 5328.

Patient Status Code is required on every Inpatient service.

Edit message displays if you do **NOT** select a **Patient Status Code**.



Add a Service/Inpatient/Residential

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Inpatient Service

Client: Test

Options

- Return
- Check Eligibility
- Claim

RP: AGUILAR, DOLORES-[KCMH58]

Procedure Code: 0100-Psych Hosp, 21 or under

Start Date: 12/1/2011

Facility Type Code: 11-Hospital Inpatient (Includi

Authorization:

Type of Admission: 1-Emergency

Patient Status Code: 30-Still Patient

Evidence Based Practice: 00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther

Required check box indicating that the **Provider Signature** is **on file**.

Provider Signature On File ☒

Claim Save Cancel

Edit message will display if check box for **Provider Signature on file** is **NOT** checked.

Windows Internet Explorer

! - Provider Signature On File is required.

OK

Add Service/Inpatient/Residential

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Add Inpatient Service

Client: Test ?

Options

Return

Check Eligibility

Claim

RP: Txnmy:

Procedure Code:

Start Date: End Date:

Facility Type Code:

Authorization:

Type of Admission:

Patient Status Code:

Evidence Based Practice:

00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat Far
2B-CPP Chld-Prnt Ther

Signature On

When done with service, click claim to proceed to the Claim Screen.

Or click Save to save the service.

Claim Save Cancel

EXERCISE 10

Add a Claim

Outpatient/Inpatient/Residential:

- Add a Plan
- Add Payers/Medicare or OHC
- Detail Adjustment
- Claim Status Icons under “S” Column in Episode Screen

Add a Claim Outpatient: Add a Plan

Once you click Claim on the Add Service screen, system navigates to this screen to pick a plan and a payer

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative **Plan** CIOB

Add Outpatient Claim

Options

- Return
- Check Eligibility
- Service

Client Benefits: []

Service Date: 03/12/2011 Procedure: 90801 Mod1: MJ 84 16

Claim Amount: 265.44 Late Code: []

SOC Obligation: [] Medi-Cal ☐ EVC: [] SED Healthy Families ☐

Service Facility Address: ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order	Paid Amount	SubscriberID

Medicare / Other Insurance:

Click to add a plan

Plan, Medicare and Other Insurance are here. (See the next few screens for info. on these two items)

Save Cancel

Late Code is no longer required for Medi-Cal claims when the DOS is over 6 months from the submit date.

Add a Claim: Add a Plan

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Outpatient Claim - Plans

Client: TestClient , Example () ?

Options

Client Benefits: SD/Medi-cal:00000000A Staff Code: SFV9368

ServiceDate: 02/08/2008 Procedure: 90801 Mod1: Mod2: UnitType: MJ Unit: 120

Plans:

Pay Order:

3. Click

1. Scroll to pick a plan

2. Pay Order must be 1

This means that your plan was added

Plan Plans:

Plan	Pay Order
CGF	1

1

If you click to add a second plan per claim, the IS will generate this error message

Microsoft Internet Explorer

Maximum of 1 Plan is allowed

OK

Add a Claim: Add a Payer/Medicare

Medicare / Other Insurance:

Payer	Paid	SubscriberID
+		
1		

Click blue plus sign to add OHC or Medicare.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Client: Test . Example

Other Payer

Options
Return

Payer:
Payer: Other1 Insurance [07/01/2010] Payer Responsibility: 1
Insurance Type Code:
SubscriberID:
Payment Date:
Amount Paid:
Auth Code:
Adjustments:
GroupCode:
Reason:
Amount:
Quantity:
Add >>

Group	Reason	Amount	Quantity
1			

Save Cancel

Enter Payer information, click drop down and select whether it's OHC or Medicare, and enter all the information.

Other Payer: Payer Responsibility

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Other Payer

Client: Test , Example

Options | Return

Payer: Other1 Insurance [07/01/2010] | Payer Responsibility: 1

Insurance Type Code: [] | Amount Paid: []

Auth Code: []

Reason: []

Amount: []

Quantity: []

For every 'Other Insurance' payer on the claim, the sequential order of responsibility must be entered.

Windows Internet Explorer

Other Insurance Responsibility order is invalid

OK

Save Cancel

If the responsibility order for each Other Insurance payer specified in the claim is **NOT** in sequence, or is duplicated, this edit message displays.

Other Payer: Insurance Type Code

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

Other Payer Client: Test , Example ?

Options Payer: MEDICARE [07/01/2002] Payer Responsibility:

Return Insurance Type Code:

Insurance Type Code is required on Claims when Other Insurance, Medicare and Medi-Cal are payers in the claim, making Medicare the secondary payer.

12-Medicare Secondary Working Aged Beneficiary or Spouse with
13-Medicare Secondary End-Stage Renal Disease Beneficiary in the
14-Medicare Secondary, No-fault Insurance including Auto is Primary
15-Medicare Secondary Worker's Compensation
16-Medicare Secondary Public Health Service (PHS) or Other Federal
41-Medicare Secondary Black Lung
42-Medicare Secondary Veteran's Administration
43-Medicare Secondary Disabled Beneficiary Under Age 65 with La
47-Medicare Secondary, Other Liability Insurance is Primary

When Medicare is a secondary Payer; if **Insurance Type Code** is **NOT** indicated this edit message displays on the Claim screen.

Windows Internet Explorer

Insurance Type Code is required for Medicare when Medicare is a secondary payer in the claim

OK

Other Payer: Detail Adjustments Fields

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

Other Payer

Client: Test , Example

Options

Return

Payer: Other1 Insurance [07/01/2010] Payer Responsibility: 1

Insurance Type Code:

SubscriberID: Amount Paid:

Payment Date: Auth Code:

Adjustments:

GroupCode:

Reason:

Amount:

Quantity:

Group	Reason	Amount	Quantity
1			

Add >>

Save Cancel

Detail Adjustments
Fields

Other Payer: Select Group Code

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

Other Payer Client: Test , Example ?

Options
Return

Payer: Payer Responsibility:

Insurance Type Code:

SubscriberID: Amount Paid:

Payment Date: Auth Code:

Adjustments:

GroupCode:

Reason:

Amount:

Quantity:

CO-Contractual Obligations
CR-Correction and Reversals
OA-Other Adjustments
PI-Payer Initiated Reductions
PR-Patient Responsibility

Add >> 1

Save Cancel

Select a Group Code

Other Payer: Select Reason Code

The screenshot shows the 'Other Payer' section of the DMHISP Clinical Outpatient Episode form. A callout box with an arrow points to the 'Reason' field, containing the text: 'Select a Reason from Drop down'.

Other Payer

Options
Return

Payer:
Insurance Type Code:
SubscriberID:
Payment Date:

Adjustments:
GroupCode:
Reason:
Amount:
Quantity:

Reason Codes:

- 1-Deductible Amount
- 2-Coinsurance Amount
- 3-Co-payment Amount
- 4-The procedure code is inconsistent with the modifier used
- 5-The procedure code/bill type is inconsistent with the plan
- 6-The procedure/revenue code is inconsistent with the patient
- 7-The procedure/revenue code is inconsistent with the patient
- 8-The procedure code is inconsistent with the provider type
- 9-The diagnosis is inconsistent with the patient's age. Note:
- 10-The diagnosis is inconsistent with the patient's gender.
- 11-The diagnosis is inconsistent with the procedure. Note:
- 12-The diagnosis is inconsistent with the provider type. Note:
- 13-The date of death precedes the date of service.
- 14-The date of birth follows the date of service.
- 15-The authorization number is missing, invalid, or does not
- 16-Claim/service lacks information which is needed for adjudication
- 17-Requested information was not provided or was insufficient
- 18-Duplicate claim/service. This change effective 1/1/2011
- 19-This is a work-related injury/illness and thus the liability
- 20-This injury/illness is covered by the liability carrier.
- 21-This injury/illness is the liability of the no-fault carrier.
- 22-This care may be covered by another payer per coordination of benefits
- 23-The impact of prior payer(s) adjudication including payment
- 24-Charges are covered under a capitation agreement/master contract
- 25-Payment denied. Your Stop loss deductible has not been met
- 26-Expenses incurred prior to coverage.
- 27-Expenses incurred after coverage terminated.
- 28-Coverage not in effect at the time the service was provided
- 29-The time limit for filing has expired.

Table:

Group	Reason	Amount	Quantity
1			

Buttons: Add >>, Save, Cancel

Other Payer: Enter Amount & Quantity

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Other Payer

Client: Test , Example

Options

Return

Payer: Other1 Insurance [07/01/2012] Payer Responsibility: 1

Insurance Type Code:

SubscriberID: 84565 Amount Paid: 78.04

Payment Date: 02/02/2012 Auth Code:

Adjustments:

GroupCode: CO-Contractual Obligations

Reason: 2-Coinsurance Amount

Amount: 200.00

Quantity: 1

Enter Amt & Quantity (if any)

Then click to add.

Add >>

Group	Reason	Amount	Quantity
1			

Save Cancel

Other Payer: w/Adjustment info.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

Other Payer Client: Test , Example ?

Options Payer: Other1 Insurance [07/01/2012] Payer Responsibility: 1

Return Insurance Type Code: []

SubscriberID: 84565 Amount Paid: 78.04

Payment Date: 02/12/2012 Auth Code: []

[] []

Group	Reason	Amount	Quantity	
CO	2	100.00	1	
1				

Add >>

Save Cancel

The Medicare or OHC Amount Paid and Adjustment Amount (s) must balance to the Claim Amount.

There will be an error message If the sum of these does not equal to the Claim Amount.

Other Payer: w/ Adjustment Info

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

Add Outpatient Claim

Client: Test, Example

Options

Return

Check Eligibility

Service

Client Benefits

Staff Code: 0504140

Service Date

Procedure

Mod1

Mod2

Unit Type

Units

Rate

02/11/2012

90801

MJ

84

3.31

Claim Amount: 278.04

Late Code:

SOC Obligation: 0.00

Medi-Cal

EVC:

SED Healthy

Service Facility

Address

EPSDT Scr Ref

Emergency

Pregnancy

Dup

Claim Plans:

Plan

Pay Order

CGF

1

Medicare / Other Insurance:

Payer

Paid Amount

SubscriberID

Other1

78.04

84565

Submit

Save

Cancel

Other Payer

Client: Test, Example

Options

Return

Payer: Other1 Insurance [07/01/2012]

Payer Responsibility: 1

Insurance Type Code:

SubscriberID: 84565

Amount Paid: 78.04

Payment Date: 02/12/2012

Auth Code:

Adjustments:

GroupCode:

Reason:

Amount:

Quantity:

Group Reason Amount Quantity

CO 2 100.00 1

Add >>

Save

Cancel

Here's the Edit message.

Windows Internet Explorer

- COB (\$178.04) does not balance to the Claim Amount (\$278.04)

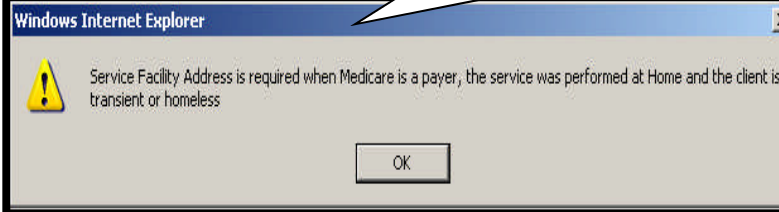
OK

Add a Claim/DO ONLY

Service Facility Address is required for Medicare & Medi-Medi claims when Place of Service (POS):

- POS = Home & Client = Homeless, or
- POS ≠ Home & POS ≠ Office.

If **Service Facility Address** is Not entered the following edit message displays.



Edit message
If 9 digit Zip
NOT entered.

If the 4 digit extension is unknown use '9998'

ZIP code must be 9 digits



Add Claim /Outpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

Add Outpatient Claim

Client: Test, Example ?

Options
Return
Check Eligibility
Service

Client Benefits: [dropdown]

Service Date: 02/11/2012 Procedure: 90801 Mod1: Mod2: Unit Type: MJ Units: 84 Rate: 3.31

Claim Amount: 278.04 Late Code: [dropdown]

SOC Obligation: 0.00 Medi-Cal: ☒ EVC: [dropdown] SED Healthy Families: ☐

Service Facility Address: [icon] EPSDT Scr Ref: ☐ Emergency: ☐ Pregnancy: ☐ Dup Override: ☐

Claim Plans:

	Plan	Pay Order	
[pencil]	CGF	1	[trash]
[plus]			

1

Staff Code: 0504140

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
[pencil]	Other1	
[plus]		

Click to Submit

Or click save to save the claim and submit later.

Submit Save Cancel

Add a Claim/Outpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

ANTEI jgarciabagues

Outpatient Episode

Client: Test, Example

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Search Service Date

From Date

To Date

Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	02/11/2012	12	84	1	90801	WONG-0504140	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1

Click to see the claim status.

You will see this screen after you've submitted or saved the claim.

Add a Claim Inpatient/Residential: Add a Plan

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Once you click Claim on the Add Service screen, system navigates to this screen to pick a plan and a payer

Add Inpatient Claim

Options: Return, Check Eligibility, Service

Client Benefits: Insurance/Third Party

Staff Code: KCMH586

StartDate	EndDate	Procedure	Mod1	Mod2	UnitType	Rate
2/1/2012	2/29/2012	0100	HC	*	DA	558.38

Claim Amount: 16193.02

Late Code:

SOC Obligation: Medi-Cal ☐ EVC: SED Healthy Families ☐

EPSTD Scr Ref ☐ Emergency ☐ Pregnancy ☐

Medicare / Other Insurance:

Claim Plans:

Plan	Pay Order
+	

Click to add a plan

Payer	Paid Amount	Subscriber ID
+		

Plan, Medicare and Other Insurance are here. (See the next few screens for info. on these two items)

Buttons: Void, Submit, Save, Cancel

Add a Claim Inpatient/Residential: Add a Plan

1. Click to select a plan.

1

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AC jgarciabagues

Plan Client:Test ?

Options
Return

Client Benefits Insurance/Third Party Staff Code: KCMH586

StartDate	EndDate	Procedure	Mod1	Mod2	UnitType
2/1/2012	2/29/2012	0100	HC		DA

Plans: [dropdown]

Pay Order: [dropdown]

3. Pay Order must be 1

4. Click

Save Cancel

2. Scroll to pick a plan

Add a Claim Inpatient/Residential: Add a Payer/Medicare

Medicare / Other Insurance:

	Payer	Paid Amount	Subscriber ID
+			
1			

Click blue plus sign to add OHC or Medicare.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD

Other Payer

Client: Test

Options
Return

Payer:
Payer:
SubscriberID:
Payment Date:
Adjustments:
GroupCode:
Reason:
Amount:
Quantity:

Payer Responsibility:
Amount Paid:
Auth Code:

Group Reason Amount Quantity

1			
---	--	--	--

Add >>

Save Cancel

Enter Payer information, click drop down and select whether it's OHC or Medicare, and enter all the information.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD

Other Payer

Client: Test

Options
Return

Payer: Payer Responsibility:

SubscriberID: Amount Paid:

Auth Code:

Reason:

Amount:

For every 'Other Insurance' payer on the claim the sequential order of responsibility must be entered.

Windows Internet Explorer

Other Insurance Responsibility order is invalid

OK

Save Cancel

If the responsibility order for each Other Insurance payer specified in the claim is **NOT** in sequence, or is duplicated, this edit message displays.

Other Payer: Detail Adjustments Fields

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD

Other Payer

Client: Test

Options

Return

Payer:

SubscriberID:

Payment Date:

Adjustments:

GroupCode:

Reason:

Amount:

Quantity:

Payer Responsibility:

Amount Paid:

Auth Code:

Table:

Group	Reason	Amount	Quantity
1			

Buttons: Add >> Save Cancel

Annotation: Detail Adjustments Fields

Other Payer: Select Group Code

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD

Other Payer

Client: Test

Options
Return

Payer:

SubscriberID:

Payment Date:

Adjustments:

GroupCode:

Reason:

Amount:

Quantity:

Payer Responsibility:

Amount Paid:

Auth Code:

CO-Contractual Obligations
CR-Correction and Reversals
OA-Other Adjustments
PI-Payer Initiated Reductions
PR-Patient Responsibility

Add >>

1

Save Cancel

Select a Group Code

Other Payer: Select Reason Code

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD

Other Payer

Client: Test

Options

Return

Payer:

SubscriberID:

Payment Date:

Adjustments:

GroupCode:

Reason:

Amount:

Quantity:

Payer Responsibility:

Amount Paid:

Auth Code:

1-Deductible Amount
2-Coinsurance Amount
3-Co-payment Amount
4-The procedure code is inconsistent with the modifier used or a
5-The procedure code/bill type is inconsistent with the place of s
6-The procedure/revenue code is inconsistent with the patient's
7-The procedure/revenue code is inconsistent with the patient's
8-The procedure code is inconsistent with the provider type/spe
9-The diagnosis is inconsistent with the patient's age. Note: Refe
10-The diagnosis is inconsistent with the patient's gender. Note:
11-The diagnosis is inconsistent with the procedure. Note: Refer
12-The diagnosis is inconsistent with the provider type. Note: Re
13-The date of death precedes the date of service.
14-The date of birth follows the date of service.
15-The authorization number is missing, invalid, or does not app
16-Claim/service lacks information which is needed for adjudica
17-Requested information was not provided or was insufficient/i
18-Duplicate claim/service. This change effective 1/1/2013: Exa
19-This is a work-related injury/illness and thus the liability of th
20-This injury/illness is covered by the liability carrier.
21-This injury/illness is the liability of the no-fault carrier.
22-This care may be covered by another payer per coordination
23-The impact of prior payer(s) adjudication including payments
24-Charges are covered under a capitation agreement/manage
25-Payment denied. Your Stop loss deductible has not been met
26-Expenses incurred prior to coverage.
27-Expenses incurred after coverage terminated.
28-Coverage not in effect at the time the service was provided.
29-The time limit for filing has expired.

Confidential patient information, see California

Start Inbox - Microsoft Out... U:\DMHCIOV MHISF

Other Payer: Enter Amount & Quantity

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD

Other Payer

Client: Test

Options

Return

Payer: Other1 Insurance [07/01/2012]

SubscriberID: 8457674

Payment Date: 03/22/2012

Adjustments:

GroupCode: CO-Contractual Obligations

Reason: 2-Coinsurance Amount

Amount: 16000.00

Quantity:

Payer Responsibility: 1

Amount Paid: 193.02

Auth Code:

Add >>

Group	Reason	Amount	Quantity
1			

Save **Cancel**

Enter Amt & Quantity (if any)

Other Payer: w/Adjustment info.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD

Other Payer

Client: Test

Options

Return

Payer: Other1 Insurance [07/01/2012]

SubscriberID: 8457674

Payment Date: 03/22/2012

Adjustments:

Payer Responsibility: 1

Amount Paid: 193.02

Auth Code:

The Medicare or OHC Amount Paid and Adjustment Amount (s) must balance to the Claim Amount.

There will be an error message if the sum of these does not equal to the Claim Amount.

Group	Reason	Amount	Quantity
CO	1	1600.02	
1			

Add >>

Save Cancel

Add Claim-Inpatient/Residential

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD

Inpatient Claim

Client: Test ?

Options

- Return
- Check Eligibility
- Service

Client Benefits Insurance/Third Party : Staff Code: KCMH586

StartDate	EndDate	Procedure	Mod1	Mod2	UnitType	Rate
2/1/2012	2/29/2012	0100	HC	*	DA	558.38

Claim Amount: 16193.02 Late Code:

SOC Obligation: Medi-Cal ☒ EVC: 9 SED Healthy Families ☐

EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐

Medicare / Other Insurance:

Claim Plans:

Plan	Pay Order
CGF	1

1

Payer

Payer	Paid Amount	Subscriber ID
Other1		

1

Click to Submit

Submit Save Cancel

Or click save to save the claim and submit later.

Add Claim – Inpatient/Residential

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Inpatient Episode

Client: Test

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Search Service Date

Begin Date From

Begin Date To

Search

Services Void Services Diagnosis Admission

	Begin Date	End Date	Procedure	# Of Days	M	S	C	D
	02/01/2012	02/29/2012	0100 <i>i</i>	29		<input type="checkbox"/>	<input type="checkbox"/>	

1

Click to see the claim status.

You will see this screen after you've submitted or saved the claim.

Confidential - Health Information - per California Welfare and Institutions Code, section 53299

Claim Status Icons Under “S” Column in Episode Screen

Claim Status Icon under ‘S’ column in the Episode Screen

- (Red) Denied Claim
- (Green) Approved
- Pending
- Claim Saved, not yet Submitted
- Service Saved, not yet Claimed
- Forwarded
- Pending Adjudication
- Submitted
- Pending CPE

Click to view status

Click to view status

Click to view status

Click to view status

Click to view status

Click to view the claim ID #, IS claim #, and submit date

Since this service has not been claimed, you have the option to delete it.

You should not see these icons. If you do, please call the CIOB help desk.

Staff	Admission	Procedure	Provider	MS	C	D
90806						
90804		BEN	2633			
90801		BEN	2633			
90801		BENNETT	232633			
90801			232633			

Sample of Claim Status with new added CPE Fields

https://testdmhisintra.co.la.ca.us/ClinicalWeb/ServiceStatusPopUp.aspx?id=4e8442ee-b696-46c3-8c25-c5c92

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Claim Status

Claim ID:	<input type="text"/>	Status:	<input type="text"/>
Submit Date:	<input type="text" value="06/09/2009"/>	Adjudication Date:	<input type="text" value="06/09/2009"/>
Submit Source:	<input type="text" value="Clinical UI"/>	Void Status:	<input type="text"/>
		Claim Type:	<input type="text" value="ORIGINAL"/>

Service Begin Date:	<input type="text" value="06/05/2009"/>	Service End Date:	<input type="text" value="06/05/2009"/>	Client Paid:	<input type="text" value="0.00"/>
Claim Amount:	<input type="text" value="174.30"/>	Private Ins Paid:	<input type="text"/>		
Contracted Amt:	<input type="text" value="174.30"/>	Medicare Paid:	<input type="text"/>		
CPE Contract Amt:	<input type="text"/>	Medi-Cal Paid:	<input type="text"/>	CPE Threshold Action:	<input type="text"/>
		DMH Local Amt:	<input type="text" value="174.30"/>	CPE Release Type:	<input type="text"/>

Deny Source:	<input type="text"/>	Deny Rule:	<input type="text"/>
Deny Group:	<input type="text"/>	Deny Rule Description:	<input type="text"/>
Deny Reason:	<input type="text"/>		

Confidential patient information, see California Welfare and Institution Code section 5328.

highlighted fields are the new added fields

EXERCISE 11

Void and Replace:

- Void a Claim – Outpatient – Inpatient
- Replace a Claim

**NOTE: Procedures to Void and Replace are the same
for Outpatient/Inpatient/Residential**

Void Claims /Outpatient

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Service

Client: TestClient,Example

Options

Return

Find Client

Client Info

Claim

RP: ADAM

Procedure Code: 1001 Psych Diagnostic Serv

Place Of service: Office

Face To Face Time: 1 Hrs 30 Minutes

Other Time: 0 Hrs 30 Minutes

Telephone ☐ Col: ☐ Medicare Certified ☐

Evidence Based Practice: 00-No EBP/SS

01-EBP ACT

10-EBP MST

11-EBP FFT

50-SS Peer &/or Fam

51-SS Psy/Edu

Last Claim Info.

Claim ID: 30514880

Submit Date: 02/26/2008

Additional Participating Staff

Name	Hours	Minutes
1		

Total Time for this Staff: 0 Hrs 0 Minutes

Add >>

Total Time in Minutes: 120

Claim Save Cancel

Outpatient Episode

Options

Return

Find Client

Client Info

Medications

Close Episode

View Episodes

Search Service Date

From Date

To Date

Search

Services

Service

02/08/2008

1

Click to begin voiding a claim

Click to go to the Claim screen

Void Claim/Inpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:70801-KEDREN CMHC-AD jgarciabagues

Inpatient Service

Client: Testee , Ramdom

Options

Return

Claim

Procedure Code: 0100-Psych Hosp 65 or over

Start Date: 2/1/2012 End Date: 2/29/2012

Facility Type Code: 11-Hospital Inpatient (Includi

Authorization:

Type of Admission: 1-Emergency

Patient Status Code: 30-Still Patient

Evidence Based Practice: 00-No EBP/SS

01-EBP ACT

10-EBP MST

11-EBP FFT

2A-Brf Strat FamTher

2B-CPP Chld-Prnt Ther

Prov Signature On File ☒

Txnmy:

Last Claim Info.

Claim ID: 53905...

Submit Date: 03/22/2012

Claim Save Cancel

Click to begin Voiding an Inpatient Claim.

Click to go to the Inpatient Claim,

Void Claims/Outpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Outpatient Claim

Client: TestClient, Example () ?

Options

Return

Service

Client Benefits: SD/Medi-cal: Staff Code: E414029

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
02/11/2011	90801			MJ	84	3.16

Claim Amount: 265.44 Late Code:

SOC Obligation: 0.00 Medi-Cal ☐ EVC: SED Healthy Families ☐

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Last Claim Info.

Claim ID: 49406... i

Submit Date: 03/17/2011

Benefits

Plan	Pay Order
CGF	1
1	

Medicare / Other Insurance:

Payer	Paid Amount	Subscriber ID
1		

Click to Void

Replace Void Submit Save Cancel

Void Claim/Inpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | [Home](#) | [Clinical](#) | [Administrative](#) | [Plan](#) | [CIOB](#)

7080-KEDREN CMH:70801-KEDREN CMHC-AD

Inpatient Claim

Client: Testee , Ramdom

Options

Return

Service

Client Benefits: Insurance/Third Party : Staff Code: KCMH054

StartDate	EndDate	Procedure	Mod1	Mod2	UnitType	Rate
2/1/2012	2/29/2012	0100	HC	*	DA	558.38

Claim Amount: 16193.02 Late Code:

SOC Obligation: 0.00 Medi-Cal ☒ EVC: 9 SED Healthy Families ☐

EPSTD Scr Ref ☐ Emergency ☐ Pregnancy ☐

Last Claim Info.

Claim ID: 53905...
Submit Date: 03/22/2012

Claim Plans:

Plan	Pay Order
CGF	1
1	

Medicare / Other Insurance:

Payer	Paid Amount	Subscriber ID
Oth	8.02	
1		

Benefits

1

Buttons: Replace, Void, Submit, Save, Cancel

Click to Void

Void Claims/Outpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home | **Clinical** | Administrative | Plan | CIOB

NTILOPE V:1904A-ANTEI | jgarciabagues

Outpatient Episode

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Filter Service Date

From Date

To Date

Search

Services | **Void Service** | Diagnosis | Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	V
1	02/11/2011	11	84	1	90801	CLEMENT-E414029				R

Click to view voided claims

Click to see the status

V stands for Voids

- If R, status is requested
- If P, status is processed

Void Claim/Inpatient

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMH(jgarciabagues)

Inpatient Episode Void

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Filter Service Date

From Date

To Date

Search

Services Void Services Diagnosis Admission

	Begin Date	End Date	Procedure	# Of Days	M	S	C	V
1	09/01/2011	09/30/2011	0100	30		\$	i	R

Click to view voided claims

Click to see the status

V stands for Voids

- If R, status is requested
- If P, status is processed

Void Claims /Outpatient

Claim Status -- Web Page Dialog

Los Angeles COUNTY | DEPARTMENT OF

The claim has been approved.

The claim was requested to be voided.

Claim Status

Claim ID:	30514880	Status:	APPROVED
Submit Date:	02/26/2008	Adjudication Date:	02/26/2008
Submit Source:	Clinical UI	Claim Type:	ORIGINAL
		Void Status:	REQUESTED

Service Begin Date:	02/08/2008	Service End Date:	02/08/2008	Client Paid:	0.00
Claim Amount:	270.00	Private Ins Paid:			
Contracted Amt:	270.00	Medicare Paid:			
		Medi-Cal Paid:			
		DMH Local Amt:	270.00		

Deny Source:		Deny Rule:	
		Deny Rule Description:	

Close

Confidential patient information, see California Welfare and Institution Code section 5328.

Void Claim/Inpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

The claim has been approved.

The claim was requested to be voided.

Claim Status

Claim ID:	53163856	Status:	APPROVED
Submit Date:	10/05/2011	Adjudication Date:	10/05/2011
Submit Source:	Clinical UI	Claim Type:	ORIGINAL
		Void Status:	REQUESTED

Service Begin Date:	09/01/2011	Service End Date:	09/30/2011	SOC Obligation:	0.00
Claim Amount:	16,751.40	Private Ins Paid:	0.00		
Contracted Amt:	16,751.40	Medicare Paid:	0.00	CPE Threshold Action:	
CPE Contract Amt:		Medi-Cal Paid:		CPE Release Type:	
		DMH Local Amt:	16,751.40		

Deny Source:		Deny Rule:	
Deny Group:		Deny Rule Description:	
Deny Reason:			

Close

Void Claims /Outpatient

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues X

Outpatient Episode

Client: TestClient, Example() ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility

Services Void Service Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	V
1	02/08/2008	11	120	1	90801	ADAMS-SFV9368	X	S	i	R

This means the claim was voided. Click to see claim cycle or submission history

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues X

Outpatient Claim Cycle

Client: TestClient , Example () ?

Options

- Return

Current Services:

Staff code: Service date: Procedure: Mod 1: Mod 2: Unit Type: Units : Rate:

SFV9368 02/08/2008 90801 MJ 120 2.25

#	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C
1	2/8/2008	11	120	1	90801	ADAMS-SFV9368	X	S	i
2	2/8/2008	11	120	1	90801	ADAMS-SFV9368		VP	i

Here is the Information.

Void Claim/Inpatient

Los Angeles COUNTY
DEPARTMENT OF MENTAL HEALTH

Home
Clinical
Administrative
Plan
CIOB

7080-KEDREN CMH:7080I-KEDREN CMH(
jgarciabagues

Inpatient Episode Void
Client

Options
Return
Find Client
Client Info

Services
Void Services
Diagnosis
Admission

	Begin Date	End Date	Procedure	# Of Days	M	S	C	V
	09/01/2011	09/30/2011	0100	30				

This means the claim was voided. Click to see claim cycle or submission history

Here is the Information.

Los Angeles COUNTY
DEPARTMENT OF MENTAL HEALTH

Home
Clinical
Administrative
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CIOB

7080I-KEDREN CMHC-AD
jgarciabagues

Client:

Current Services:
Staff code: KCM1687
Service date: 09/01/2011
Procedure: 0100
Mod 1: HB
Mod 2: DA
Unit Type:
Units: 30
Rate: 558.38

#	Begin Date	End Date	Procedure	# Of Days	M	S	C
1	09/01/2011	09/30/2011	0100	30			
2	09/01/2011	09/30/2011	0100	30		VP	

Replace Claims/Outpatient

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical

7286-FIVE ACRES:7286A-FIVE A

Client: TestClient , Example ()

Outpatient Episode

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Search Service Date

From Date

To Date

Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	S	C	D
	01/07/2008	12 <i>i</i>	345	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	01/04/2008	12 <i>i</i>	370	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	01/02/2008	12 <i>i</i>	360	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	12/28/2007	12 <i>i</i>	475	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	12/27/2007	12 <i>i</i>	330	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
	12/26/2007	<i>i</i>	360	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			

1 2 3 4 5 6 7 8 9 10 ...

This means the claim is denied and can be replaced.

Click to open the service and go to the claim.

Replace Claims/Inpatient

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical 7080-KEDREN CMH:7080I-KEDREN

Inpatient Episode Client:

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes






Search Service Date

Begin Date From

Begin Date To

Search

Services Void Services Diagnosis Admission Discharge

	Begin Date	End Date	Procedure	# Of Days	M	S	C	D
	01/06/2012	01/24/2012	0100 	19	<input checked="" type="checkbox"/>			
								

1

This means the claim is denied and can be replaced.

Click to open the service and go to the claim.

Replace Claims/Outpatient

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1930-RIO HONDO COMMU:1930A-RIO HONDO C jbagues

Outpatient Service

Client: ?

Options

- Return
- Check Eligibility
- Claim

RP: TSE, YUCHAI-[E477115] Txnmy: DOS: 02/21/2012

Procedure Code: 90806-Indiv Therapy 45-74 min

Place Of service: Office

Face To Face Time: 0 Hrs 52 Minutes

Other Time: 0 Hrs 16 Minutes

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

Telephone ☐ Col: ☐ Patient Signature ☐ Provider Signature ☐ Not Available ☐ On File ☐

Last Claim Info.

Claim ID:56476...
Submit Date:03/02/2012

Additional Participating Staff

Name	Hours	Minutes
1		

Total Time for this Staff:

0 Hrs 0 Minutes

Add >>

Total Time in Minutes: 68

Claim Save Cancel

Click to go to the Claim screen.

Replace Claims/Inpatient

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jbagues

Inpatient Service

Client: ?

Options

- Return
- Check Eligibility
- Claim

RP: ELSEWAFY, WAGIH-[KCM2004] Txnmy: [icon]

Procedure Code: 0100-Psych Hosp, 21 or under

Start Date: 1/6/2012 End Date: 1/24/2012

Facility Type Code: 11-Hospital Inpatient (Includi

Authorization: [text box]

Type of Admission: 2-Urgent

Patient Status Code: 30-Still Patient

Evidence Based Practice: 00-No EBP/SS

01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther

Provider Signature On File ☒

Last Claim Info.

Claim ID: 55382... [icon]

Submit Date: 01/26/2012

Claim Save Cancel

Click to go to the Claim screen.

Replace Claims/Outpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | [Home](#) | [Clinical](#) | [Administrative](#) | [Plan](#) | [CIOB](#)

1930-RIO HONDO COMMU:1930A-RIO HONDO CMHC

Add Outpatient Claim

Client: ?

Options

- [Return](#)
- [Check Eligibility](#)
- [Service](#)

Last Claim Info.

Claim ID: 56476...
Submit Date: 03/02/2012

Client Benefits EPSTD:2/2012 Staff Code: E477115

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
02/21/2012	90806	*	*	MJ	68	3.31

Claim Amount: 225.08 Late Code:

SOC Obligation: 0.00 Medi-Cal ☒ EVC: SED Healthy Families ☐

Service Facility ☐ EPSTD Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
MHSA_Fam_Focused_Wellness Svc	1

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
1		

Benefits

1

Buttons: [Replace](#) [Void](#) [Submit](#) [Save](#) [Cancel](#)

Click after making corrections.

Replace Claims/Inpatient

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | [Home](#) | [Clinical](#) | [Administrative](#) | [Plan](#) | [CIOB](#)

7080-KEDREN CMH:7080I-KEDREN CMHC-AD

Inpatient Claim

Client: ?

Options: [Return](#) | [Check Eligibility](#) | [Service](#)

Client Benefits: EPSTD:1/2012 | Staff Code: KCM2004

StartDate	EndDate	Procedure	Mod1	Mod2	UnitType	Rate
1/6/2012	1/24/2012	0100	HA	*	DA	558.38

Claim Amount: 10609.22 | Late Code: ?

SOC Obligation: 0.00 | Medi-Cal ☒ EVC: ? SED Healthy Families ☐

EPSTD Scr Ref ☐ Emergency ☐ Pregnancy ☐

Medicare / Other Insurance: ?

Last Claim Info: Claim ID: 55382... | Submit Date: 01/26/2012

Benefits: ?

Claim Plans:

Plan	Pay Order
CGF	1

1

Payer: ? Paid Amount: ? Subscriber ID: ?

1

Click after making corrections.

[Replace](#) | [Void](#) | [Submit](#) | [Save](#) | [Cancel](#)

Replace Claims/Outpatient

DMHISP | Clinical | Closed Outpatient Episode | Services - Microsoft Internet Explorer

Address: https://traindmhisintra.co.la.ca.us/ClinicalWeb/OutpatientEpisodeServices.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTE jflynn

Outpatient Episode

Client TestClient , Example

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes
- Filter Service Date

From Date:

To Date:

Search

Services	Void Services	Diagnosis	Admission						
Service Date	POS	Total Time	# Staff	Procedure	Rendering				
09/12/2006	11	70	1	90804	ALVEY-E447588				
09/11/2006	11	75	1	90804	ALVEY-E447588				
09/10/2006	11	85	1	90804	ALVEY-E447588				
07/01/2006	53	151	1	90802	AMBROSIO-E261358				
07/01/2006	33	30	1	90801	ALVEY-E447588				
01/01/2006	53	151	1	90802	AMBROSIO-E261358				

1 2

This means that the claim was replaced

Confidential patient information, see California Welfare and Institution Code section 5328.

Replace Claims/Inpatient

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarcia

Inpatient Episode

Client:

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Search Service Date

Begin Date From

Begin Date To

Services Void Services Diagnosis Admission

	Begin Date	End Date	Procedure	# Of Days	M	S	C	D
	10/01/2011	10/31/2011	0100	31		<input type="checkbox"/>		
	09/22/2011	09/30/2011	0100	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

1

This means that the claim was replaced

Replace Claims/Outpatient

On the first line is the original denied claim. On the second line is the replaced claim with an approved status. Click on icons to view more information

Replace Claims/Inpatient

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Inpatient Claim Cycle

Client:

Options

Current Services:

Staff code:	Service date:	Procedure:	Mod 1:	Mod 2:	Unit Type:	Units :	Rate:
KCM2004	10/01/2011	0100	HA	DA	31	558.38	

	Begin Date	End Date	Procedure	# Of Days	M	S	C
2	10/01/2011	10/31/2011	0100	31			
3	10/01/2011	10/31/2011	0100	31			
1							

On the first line is the original denied claim. On the second line is the replaced claim with an pending status. Click on icons to view more information

EXERCISE 12

Prescribing Medications:

- Go to the Medications Screen
- Issue an RX Card Number
- Enter Drug Allergies

The Medications Screen

Find your client and click on his/her current Episode...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEI jgarciaabagues

Outpatient Episode

Client:TEST,PATS

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications**
- Close Episode
- View Episodes
- Search Service Date
- From Date
- To Date
- Search

Services Void Services Diagnosis Admission

Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
+									
1									

Medications are INSIDE the Episode. Click Medications on the Option menu

Prescribing Medications

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client: TEST, PATS

Options
Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM/MS	Medication	Strength	Qty	Status
1								

This is the main Meds screen...notice that there are tabs across the top.. lets take a look at each of them starting with the RX Card Info.

Click

Prescribing Medications: Rx Card

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Rx Card Info

Client: TEST,PATS

Options: Return

Card Number	Active Date	Inactive Date
1223848	02032009	

Returning Clients should have An RX card number, but if not you enter it and click "Add" Next: Drug Allergies....

Card Number: 1223848

Add

Prescribing Medications: Allergies

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Drug Allergies

Client:TEST,PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

Medication	Drug Name Type
1	

If the client is allergic to meds, list them here, type the medication and select the drug name type.

Medication: Tylenol

Drug Name Type: Generic Name
Generic Name
Trade Name

Click

Add

Prescribing Medications: Allergies

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Drug Allergies

Client:TEST,PATS

Options

Return

Current History Write Rx Med Order **Drug Allergies** Rx Card Info

Medication	Drug Name Type	
TYLENOL 1	T	

You will see the medication you just added with the drug name type. Next, Med Orders...

Click

Medication: Tylenol

Drug Name Type: Trade Name

PATSS028-RECORD CHANGE SUCCESSFUL USER SPECIAL

Add

Edit messages are displayed here!

EXERCISE 13

Prescribing Medications:

- Add Medications in Med Order
- Write Rx

Prescribing Medications: Med Orders

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Med Order

Client: TEST,PATS

Options Return

Current History Write Rx **Med Order** Drug Allergies Rx Card Info

Date: 02/1/2009

Prescribing Provider: BOGOST, BRUCE-[LBB01]

Medication: BENZT

Drug Code: BTP1A

Strength: 1 MG/ML

Quantity: 1

No. of times this order has been administered:

No. of times this order has to be administered: 1

Discontinue ☐

Lost/Discontinue Renew Save

APPROVED USER SPECIAL

This screen is to record medications given to consumers at the facility.

You need to use the PATS Drug Formulary list in these fields, this is a drug record that assigns specific drug code for each unique drug and strength combination.

Prescribing Medications

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client: TEST,PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPRO

Drug Code: BPP150XL Primary Dx: 295.30

Number of Units: 1 Secondary Dx: 301.50

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

Other Instructions:

APPROVED USER SPECIAL

Click Save Next

You will see status of your prescription. This prescription was Approved.

Type in the Prescription. If you entered something under "Frequency" you won't need to enter "Other Instructions". Notice you use the PATS Drug Formulary list.

Medications History

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

1904-ANTELOPE V:1904A-ANTELOPE X

Medications History

Client:TEST,PATS

?

Options

Return

Current

History

Write Rx

Med Order

Drug Allergies

Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status
01	P0001	020309		i	i	BUPROPION	150 MG	30.00	A
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A
03	M0001	020109		i	i	BENZTROPI	1 MG/ML	1.00	A
1									

This screen shows all the medications that were prescribed to the client. Everything!

Medications Current

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

?

Options

Return

Current




History

Write Rx

Med Order

Drug Allergies

Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020309		i	i	BUPROPION	150 MG	30.00	A	
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A	
03	M0001	020109		i	i	BENZTROPI	1 MG/ML	1.00	A	
1										

This screen shows the first 15 prescriptions.

EXERCISE 14

Prescribing Medications:

- Resolve an Authorization Required
- Renew/Refill a Prescription

Prescribing Medications

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE X

Medications Write Rx

Client:TEST,PATS

Options
Return

Current **History** **Write Rx** **Med Order** **Drug Allergies** **Rx Card Info**

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: LORAZEPAM

Drug Code: LAP1

Number of Units: 1

Strength: 1 MG

Frequency: HS

Quantity: 30

Refill: 0

Primary Dx: 295.30

Secondary Dx: 301.50

Other Instructions:

AUTH REQ 01 UNUSUAL MED FOR DIAGNOSIS USER SPECIAL

Click, to resolve AR status

Click

Save Next

If the prescription you enter needs to be reviewed and approved by MD, you will see the edit message here.

Prescribing Medications: Approval

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options
Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info					
L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020309				BUPROPION	150 MG	30.00	A	
02	P0002	020309				LORAZEPAM	1 MG	30.00	AR	
03	M0001	020109				BENZTROPI	1 MG/ML		A	
1										

“AR” means the prescription needs to be reviewed and approved by the Doctor. After you have talked to the MD and gotten the approval, you can change status to “Approved”

Click

Prescribing Medications: Approval

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE X

Medications Review

Client: TEST , PATS

Options
Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info
Client Name: PATS TEST Strength: 1 MG Prescribing Medical Staff: BOGOST					
Medication: LORAZEPAM Quantity: 30.00					
Description					
01 UNUSUAL MED FOR DIAGNO					
1					

Physician Conference

Date:

Physician:

Status:

Approved

Disapproved

Unresolved

Supervisor Conference

Date:

Physician:

Status:

Click

Save

2. Enter the physician's ID number

1. Enter the approved date

3. Select the status

Prescribing Medications: Renew and Refill

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options

Return

	Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info				
L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020109	020309	i	i	BUPROPION	150 MG	30.00	A	
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A	

Click here to do a Renew/Refill

Fill date is required

Renew/Refill is a snap: Just click on the prescription number, change the date and other information!

Remember the prescription needs to have a fill date in order to do a renew/refill.

Prescribing Medications: Renew and Refill

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client: TEST,PATS

Options
Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info
HMO/PHP: _____ Date: 02/03/2009					
Prescribing Provider: BOGOST, BRUCE-[LBB0112]					
Medication: BUPROPION XL/WELLB					
Drug Code: BPP150XL					
Number of Units: 1.0					
Strength: 150 MG					
Frequency: Q AM					
Quantity: 30					
Refill: 0					
Other Instructions: _____					
<div>Lost/Discontinue</div> <div>Click</div> <div>Delete Renew Next</div>					

Enter a new prescription date

This information can also be changed.

Prescribing Medications- Lost & Discontinue

Medications History

Options
Return

	Current	History
L#	Rx #	Rx Date
01	P0078	042507
02	P0076	021507
03	P0077	021507
04	P0074	020207
05	P0075	020207
06	P0072	122106
07	P0073	122106
08	P0070	102606
09	P0071	102606
10	P0068	092806
11	P0069	092806
12	P0066	081006
13	P0067	081006
14	P0064	070606
15	P0065	070606

Confidential patient info

1 2 3 4 5 6

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE X

Medications Write Rx Client:TEST,PATS ?

Options Current History Write Rx Med Order Drug Allergies Rx Card Info

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPROPION XL/WELLB

Drug Code: BPP150XL

Number of Units: 1.0

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

Primary Dx: 295.30
Secondary Dx: 301.50

☒ Lost
☐ Discontinue
☐ Neither

Other In: **Lost/Discontinue**

Renew Next

Click

Click on the radio button to select Lost or Discontinue prescription

Click

EXERCISE 15

Close an Episode

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open **Closed**

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim	<input type="checkbox"/>	<input type="checkbox"/>	D
7100A001	O	2/8/2008	295.30	ADAMS-SFV9368	2/8/2008	1	0	

1

Click

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Outpatient Episode

Client: TestClient,Example() ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes
- Search Service Date**
- From Date
- To Date
- Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	02/08/2008	11 <i>i</i>	120	1	90801 <i>i</i>	ADAMS-SFV9368 <i>i</i>				

1

Click

Close an Episode

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Close Outpatient Episode

Client: TestClient , Example

Discharge **Diagnosis**

Discharge Date: 02/08/2008

Referral Out Code: Client moved away

Referral Out Rpt Unit:

Legal Status:

Click to search for referral out Rpt. Unit

See examples on the next page

Continue

Referral Out Code is used to identify the agency or person the client is being discharged to

Referral Out Rpt Unit is used when the referred agency has a reporting unit number

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELC jgarciabagues

Close Outpatient Episode

Client: () ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- PDF Forms

Discharge **Diagnosis**

Discharge Date: 02/08/2008

Referral Out Code: Outpatient - County Contracted

Referral Out Rpt Unit:

Legal Status:

https://testdmhisintra.co.la.ca.us - Provider Loo...

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Provider Lookup

Legal Entity: ☐ (Check box if applies)

Entity Type: ☐ Individual ☒ Organization

Organization Type: FFS 1

Organization/Last Name:

First Name:

Middle Name:

Reporting Unit:

Provider Id:

Search

Confidential patient information

Done Internet

Close an Episode

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Episode

Client: TestClient , Example

Options

Return

Discharge **Diagnosis**

Dx Date: 02/08/2008

AXIS I	AXIS IV	AXIS V
295.30 - Schizophrenia, Parano...	<input checked="" type="checkbox"/> 1. Primary Support Group	GAF
	<input type="checkbox"/> 2. Social Environment	20
	<input type="checkbox"/> 3. Educational	
	<input type="checkbox"/> 4. Occupational	Primary:
		295.30
		Secondary:
	<input type="checkbox"/> 7. Access to Health Care	
	<input type="checkbox"/> 8. Interaction w/ Legal System	
	<input type="checkbox"/> 9. Other Psych/Environment	
	<input type="checkbox"/> 10. Inadequate Information	

Cancel Save

Click to display the top 20 diagnosis codes

Click to select a diagnosis code not listed

Close an Episode

Enter an ID or partial description:

Select an item:

- 315.1 - Mathematics Disorder
- 315.2 - Disorder of Written Expression
- 315.32 - Mixed Receptive-Expressive Language Disorder
- 315.9 - Learning Disorder NOS
- 315.4 - Developmental Coordination Disorder
- 315.31 - Expressive Language Disorder
- 315.39 - Phonological Disorder
- 315.00 - Reading Disorder

Enter some or all of the digits of a diagnosis code, or part of the description and click "Search"

Highlight and click "Select"

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Episode

Client: TestClient , Example

Options | **Discharge** | **Diagnosis**

Return

Dx Date: 02/08/2008

AXIS I	AXIS IV	AXIS V
295.30 - Schizophrenia, Paranoi	<input checked="" type="checkbox"/> 1. Primary Support Group	GAF
	<input type="checkbox"/> 2. Social Environment	20
	<input type="checkbox"/> 3. Educational	
	<input type="checkbox"/> 4. Occupational	Primary:
	<input type="checkbox"/> 5. Housing	295.30
	<input type="checkbox"/> 6. Economic	Secondary:
	<input type="checkbox"/> 7. Access to Health Care	
	<input type="checkbox"/> 8. Interaction with Legal System	
	<input type="checkbox"/> 9. Other Psych/Environment	
	<input type="checkbox"/> 10. Inadequate Information	

Click

Cancel Save

Close an Episode

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Episodes

Client: TestClient , Example ()

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

Episode	I/O	Admit Date	Discharge Date	Diagnosis Code	Primary Contact	Last Claim	<input type="checkbox"/>	<input type="checkbox"/>
7100A001	O	2/8/2008	2/8/2008	295.30	ADAMS-SFV	2/8/2008	1	0

1


Go to the close episodes tab to view the episode information

EXERCISE 16

Groups:

- Create a Group
- Add a Session to a Group
- Submit Group Session Billing

Create a Group

Address  https://traindmhisintra.co.la.ca.us/ClinicalWeb/FindClient.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1

Find Client

Options

- Return
- Change Provider
- Client CaseLoad
- Client List
- Daily Log
- Manage Groups

☐ Search by ID.

Type: ID:

☒ Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:


Birth Date: Or Age:

Gender:

Click to start creating and managing groups

Search Clear

Create a Group

Address  b/GroupView

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

View Groups

Options

- [Return](#)
- [Change Provider](#)
- [View Groups](#)
- [Search Groups](#)
- [Create Group](#)
- [Daily Log](#)

Filter Groups

Filter By:

Name

For:

Group ID	Name	Location	Day	Time	Duration	Provider	Capacity	Lang
1071	Fun Name	1904-ANTELOPE V	DAI	10:00 AM	10 min	ALVEY-E447588	2/10	01-English
1029	Test Group JJF	1904-ANTELOPE V	DAI	9 AM	20 min	SINGEN-E437190	1/50	01-English
1093	Older Whd	1904-ANTELOPE V	DAI	2:00P	30 min	ALVEY-E447588	2/10	01-English
1084	IS Users Who Are Learning Groups	1904-ANTELOPE V	DAI	9:00	60 min	ISIGUZO-0494456	1/15	01-English
1056	Shakey	1904-ANTELOPE V	THU	5:00P	45 min	AMBROSIO-E261358	2/15	01-English
1060	Stress Management	1904-ANTELOPE V	WED	1:00 P.M>	90 min	SHIH-0200742	3/3	01-English

1 2 3 4 5 6

Total Groups Returned: 6

Click to create a group

All groups for this location are listed here. You can search or filter to find a group and enter services.

Create a Group: Details

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home | Clinical

7100-SFV CMHC CENTE:7100

Group Details

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details | Leads | Census | Attendance Hx | Syn

Group ID: Group Type:

Group Name:

Description:

Targeted Clients:

Location:

Group Day: Group Time:

Approximate Duration:

Begin Date: End Date:

Max Attendees:

Procedure:

Language:

Click

Cancel Continue

Most of this information is basic, and is meant to help other workers to find groups, and enter data. Be as detailed as you can while completing this screen.

The date the group began to meet

The date the group schedule will expire

Maximum group attendees should be at least 2 and no more than 25

Create a Group: Leads

The image shows two overlapping screenshots of a web application for the Los Angeles County Department of Mental Health. The top screenshot is the 'Group Leads' page, and the bottom screenshot is the 'Add Staff to Group' page. Both pages have a header with the department name and navigation tabs: Home, Clinical, Administrative, Plan, and CIOB. The 'Group Leads' page has a sidebar with options: Return, Change Provider, View Groups, Add Group Session, Search Group, Create Group, and Daily Log. A callout points to the 'Search Group' option with the text 'Click to search for a lead to add'. The 'Add Staff to Group' page has a form with fields for 'Last Name' and 'First Name'. A callout points to the 'Last Name' field with the text 'Enter a last name or part of a name'. At the bottom right of the 'Add Staff to Group' page, there are 'Clear' and 'Search' buttons, with a callout pointing to the 'Search' button with the text 'Click'.

Address: <https://traindmhisintra.co.la.ca.us/ClinicalWeb/GroupLeads.aspx>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1

Group Leads

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Group
- Create Group
- Daily Log

Details Lead

Staff Name

Click to search for a lead to add

Address: <https://traindmhisintra.co.la.ca.us/ClinicalWeb/GroupAddStaffToGroup.aspx>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1

Add Staff to Group

Options

Return

Last Name:

First Name:

Enter a last name or part of a name

Click

Clear Search

Create a Group: Leads

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Add Staff to Group

Options

Return

Click

	Name	Location	Expired
Add	ADAMS-SFV9368	7100A-SFV CMHC	
1			

Total staff in Leads and total clients in Census should be no more than 25 people; more than recommended will slow down the system.

Click

Finish New Search

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Leads

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

Staff Name	
ADAMS-SFV9368	
+	
1	

Click to add clients to the census

Total Staff: 1

or click to continue

Continue

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Group Census

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

Name	Location	Primary Dx	Phone	Primary
+				
1				

Click to search clients to add to a group

Total Clients: 0 Max Attendees: 25

Continue

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Find Clients To Add

Options

Return

☒ Search by ID.

Type: **DMH** ID:

☐ Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age: Axis I:

Gender: Axis II:

Ethnicity:

Click

Search **Clear**

*** For optimal performance, a maximum of 500 records will be returned from the search result.*

Note: It's easier to add clients to a group by using 7-digit DMH ID number

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Add Clients to Group Census

Options

[Return](#)

	<u>Client ID</u>	<u>Client Name</u>	<u>Gender</u>	<u>SSN</u>	<u>DOB</u>	<u>Phone</u>
Add			Male	999999999	07/12/1970	
1						

1. Click to add

2. Click if there are more people to add

3. Click when done adding

Finish **New Search**

Create a Group: Census

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

jgarciabagues

Group Census

?

Options

Return

We have added our client to the Census tab

Search Groups

Create Group

Daily Log

Details

Leads

Census

Attendance Hx

Syllabus

Name	Location	Primary Dx	Phone	Primary	
Test example	7100-SFV CMHC CENTE	Schizophrenia, Paranoid Type		ADAMS-SFV9368	
+					
1					

Click to add more clients

Click

Continue

Total Clients: 1

Max Attendees: 25

Add Group Session

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Attendance

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

Date	Clients Represented	Total People Present	# of Clinicians
+			
1			

Click on either options to add a group session

Continue

Add Group Session: Providers

The screenshot shows a web application interface for adding group sessions. At the top, there is a navigation bar with tabs: 'Home', 'Clinical', 'Administrative', 'Plan', and 'CIOB'. Below this is a header area with the text '7100-SFV CMHC CENTE:7100A-SFV CMHC'. The main title of the page is 'Providers'. On the left, there is a sidebar with an 'Options' section containing a 'Return' link. The main content area has two tabs: 'Providers' (selected) and 'Clients'. Under the 'Providers' tab, there is a section titled 'Add provider:' with a dropdown menu showing 'ADAMS-SFV9368'. Below this are two buttons: 'Add >>' and 'Add All >>'. To the right of the 'Add provider:' section, there is a 'Date:' field and a 'Total Time:' section with 'Hours' and 'Minutes' input boxes. At the bottom right, there is a 'Continue' button. Five numbered callouts provide instructions: 1. Enter date of service (points to the Date field), 2. Names of staff participating in this group are displayed here (points to the Providers tab), 3. Enter total time (not face-to-face time) of the provider whose name is shown on the screen. Total time includes face-to-face time, documentation, and other appropriate reimbursable time (points to the Total Time section), 4. Click to add the staff's time to the list (points to the Add >> button), and 5. Click (points to the Continue button).

2. Names of staff participating in this group are displayed here

1. Enter date of service

4. Click to add the staff's time to the list

3. Enter total time (not face-to-face time) of the provider whose name is shown on the screen. Total time includes face-to-face time, documentation, and other appropriate reimbursable time

5. Click

Continue

Add Group Session: Clients

1. Client names are in this drop down list

This is the duration from the group details screen. It has no bearing on claiming, and should not be changed

2. Associate client with responsible lead as indicated on the Group Service Log. This must be the person who will be writing the notes in the client's clinical record. The responsible lead will be the rendering provider for this claim, which will be listed on their daily log.

- 3.
- Enter a number if collateral is present.
 - For collateral type, enter whether "Family or Non-Family".
 - For Non DMH Group Member, enter a number of attendees.

4. Click to add a client to the list. Repeat 1-4 For the next client

Click

The screenshot shows a web form titled 'Session - Clients' from the 'DEPARTMENT OF MENTAL HEALTH'. The form has tabs for 'Providers' and 'Clients', with 'Clients' currently selected. It includes fields for 'Client' (a dropdown menu), 'Resp. Lead' (a dropdown menu), 'Collateral' (a text input), 'Collateral Type' (a text input), and 'Non DMH Group Member' (a text input). There is a 'Present' checkbox and a 'Date' field. A 'Duration' field is also present. At the bottom, there is a table with columns 'Name', 'Collateral', 'NonDMH', and 'Resp Lead'. A 'Continue' button is at the bottom right. Callouts provide instructions for each field and button.

Name	Collateral	NonDMH	Resp Lead
1			

Add Group Session: Non DMH Clients

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciaabagues

Add Group Session - Clients

Options

Return

Providers **Clients**

Client: Test, Blue ☒ Present Date: 10/24/2008

Resp. Lead: GRAY-E279426 Duration: 0

Collateral: 0

Collateral Type: Add >>

Non DMH Group Member: 3 Add Non DMH Client

Name	Collateral	NonDMH	Resp Lead
Example	0		ARROYO-0124939
Tester, Tersteree	0		ARROYO-0124939
1	0	X	
2	0	X	
Tester, Exampleone	0		GRAY-E279426
1			

Continue

1. Enter a number for each non-provider client

2. Click to add the non-provider client

Add Group Session: Confirm

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Add Group Session - Confirm

Options

Return

Date: 02/08/2008 Duration: 30

Name	Col	Collat. Type
<input checked="" type="checkbox"/> Test, Example	0	

1

of DMH Clients Represented: 1
of Group members not enrolled in DMH: 0

Name	Hours	Minutes
ADAMS-SFV9368	1	30

1

Total # of Minutes: 90

Cancel OK

Click

All clients' name would be listed here.

This screen summarizes who attended the session and for how long. Once you have confirmed the details, click OK to generate the service record for each client represented (in person, or by collateral). The service record will appear in each of the associated rendering provider's daily log.

Add Group Session: Billing

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

jgarciabagues

Group Attendance

?

Options

Return

Change Provider

View Groups

Add Group Session

Search Groups

Create Group

Daily Log

Details

Leads

Census

Attendance Hx

Syllabus

Date	Clients Represented	Total People Present	# of Clinicians
02/08/2008	1	1	1
+			
1			

Claim group session by going back to each client's service screen. You will see a paper icon; click on it to submit claim.

Or click to get to the client you want to claim for.

Continue

Add Group Session: Billing

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMH jgarciabagues

Group Attendance History

Options

Return

Date: 02/08/2008 Duration: 30

Present?	Client ID	Name	Col	Collat. Type
X		Test, Example	0	
1				

Click to go back to Client Information Screen. Then click on View Episodes, click on the Episode # and see the unclaimed service (paper icon), and click on it to go to the client's claim screen, or click on the pencil icon to view the group session. Claiming is done when you finally click submit on the claim screen for each individual client.

Total # of Minutes: 90

Group Syllabus

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Group Syllabus

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

This is where you write notes

Click

Clear Restore Save

EXERCISE 17

Community Outreach Services (COS):

- Use the Daily Log
- Add a Community Service
- How to Edit Community Service

Using the Daily Log

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical A 7100-SFV CMHC CENTE:7100

Daily Log - Search

Options

- Return
- Change Provider
- Find Client
- Client List
- Client Case Load

Rendering Provider

Service Date

Click

Select rendering provider

Select service date

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB 7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Daily Log

Selected Date: 02/06/2008 Rendering Provider: ADAMS, CASSANDRA-[SFV9368] ?

Options

- Return
- Change Provider
- Find Client
- Client List
- Client Case Load
- Add Comm Svc

DMH ID	Name	Service Date	POS	Total Time	# Staff	Procedure	M	S	C
	Test, Example	02/06/2008	11 <i>i</i>	104	1	90801 <i>i</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1

Click to go to COS screen

Community Outreach Services (COS)

- Entering COS in the IS is fairly simple. Use the Daily Log screen to record all Community Outreach services. You can run the IS 220 to see all your Community Outreach services on a report.
- On the Find Client screen you will see the Daily Log link under the Options menu.
- In Order to enter COS you need to click on the Daily Log link; this will take you to the Daily Log Search screen where you will select the rendering provider responsible for the COS. You then need to enter the service date and click on Search.
- On the Daily Log screen, click on Add Comm. Svs. under Options.
- The Add Community Service screen will be displayed. Start entering COS.

Community Outreach Services

DMHISP | Clinical | Community Service - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media

Address

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY;1904A-ANTELOPE VALLEY

Add Community Service

Options

Return

Date of Service: RP:

Service Recipient Type: # of People Contacted:

Service Location Information: Service Type Desc:

Ethnicity: Origin:

Primary Lang: Tribe:

Program Area: Age Category:

Handicap: Duration (FMI):

Funding Source:

Service Code:

Additional Participating Staff

Add >>

Name
1

Save Cancel

Complete this page according to your COS sheets

Confidential patient information, see California Welfare and Institution Code section 5328.

Community Outreach Services

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Daily Log Selected Date: 02/08/2008 Rendering Provider: ADAMS, CASSANDRA-[SFV9368] ?

Options
Return
Change Provider
Find Client
Client List
Client Case Load
Add Comm Svc

DMH ID	Name	Service Date	POS	Total Time	# Staff	Procedure	M	S	C
N/A	N/A	02/08/2008		1	1	Community Client Services <i>i</i>			
	TestClient, Example	02/08/2008	11 <i>i</i>	120	1	90801 <i>i</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Test, Example	02/08/2008	11 <i>i</i>	90	1	90853 <i>i</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1

Click to edit the COS; this will take you to the daily log where you will see the service recorded.
Note: you can access past services through the daily log.

Edit Community Service

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Edit Community Service

Options DOS: 2/8/2008 RP: ADAMS, CASSANDRA-[SFV9368]

Return Service Recipient Type: CalWORKs # of People Contacted: 5

Service Location Information: Ethnicity: 03-Hispanic Primary Lang: 01-English Service Type Desc: Origin: Mexico Tribe: Age Category: 25-44 Duration (FMI): 3

Program Area: Disaster Response Handicap: 00-Not physically disabled/no significant

Funding Source: CGF Service Code: Community Client Services

Additional Participating Staff

Add >>

Name
1

Click

Save Cancel